

2008

NEEDS AND ASSETS REPORT



 **FIRST THINGS FIRST**

Yavapai

Regional Partnership Council



Yavapai

Regional Partnership Council

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2008 Needs and Assets Report

Submitted in accordance with ARS 8-1161. Each regional partnership council shall submit a report detailing assets, coordination opportunities and unmet needs to the board biannually. The regional partnership council's needs and assets assessment shall be forwarded to the board for final approval no later than September 1 of each even-numbered year, beginning in 2008. The board shall have discretion to approve or reject a council's assessment in whole or in part or to require revisions. The board shall act on all needs and assets assessments no later than October 1 of each even-numbered year, beginning in 2008.

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Contents

Executive Summary	5
First Things First – A Statewide Overview	7
The Yavapai Regional Partnership Council	9
Overview of Region: Yavapai	11
Regional Child and Family Indicators	13
Regional Child and Family Indicators	13
Regional Population.....	13
Regional Race, Ethnicity and Language	15
Race and Ethnicity Characteristics	15
Immigration Status.....	16
Language Characteristics	17
Family Composition	18
Teen Parent Households	18
Grandparent Households.....	20
Employment, Income and Poverty	21
Annual Income	22
Families in Poverty	22
Parent Educational Attainment	24
Healthy Births	25
Prenatal Care.....	25
Low Birth-Weight Babies.....	26
Public Source of Payment for Births in 2006:	27
Tobacco Use During Pregnancy in 2006:	27
Mother’s Mental Health:	27
Health Insurance Coverage and Utilization	27
Uninsured Children	27
Access to Medical Care	29
Oral Health Access and Utilization	30
Child Safety.....	31

Child abuse and neglect.....	31
Foster Care Placements.....	32
Child Injuries	35
Child Mortality	35
Children’s Educational Attainment.....	37
School Readiness	37
Elementary Education.....	40
Secondary Education	41

Current Regional Early Childhood Development and Health System	43
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Quality	43
Licensure	43
Accredited Early Child Care Centers	44
Ratios and Group Sizes.....	45
Access.....	45
Number of Early Care and Education Programs.....	46
Location of Early Care and Education Programs.....	47
Capacity of Early Care and Education Programs.....	47
Costs of Care	48
Health	49
Prenatal Care.....	49
Teen Pregnancy.....	50
Developmental Screening	51
Health Insurance	52
Access to Health Care	53
Oral Health.....	54
Immunizations.....	54
Utilization of WIC and Commodity Supplemental Food Program (CSFP).....	55
Healthy Weight, Nutrition, Physical Activity	55
Family Support	56
Community Information and Referral.....	57
Home Visiting Programs	58
Parent Knowledge About Child Development	59
Professional Development	60

Childcare Professionals’ Certification and Education	60
Professional Development Opportunities.....	61
Employee Retention	62
Compensation and Benefits.....	62
Public Information and Awareness.....	63
System Coordination	64
Parent and Community Awareness of Services, Resources or Support Related to Early Childhood	65
Conclusion	67
Chart of Regional Assets – Yavapai	68



Executive Summary

First Things First presents Arizona with the unprecedented opportunity to create an early childhood system that affords all children an equal chance to reach their fullest potential. Within each region, Regional Partnership Councils with their community partners have embarked on creating new early childhood systems. The Yavapai Regional Partnership Council is committed to building an early childhood system by mobilizing the community around young children, improving the way early childhood service providers operate and work together, supporting collaborations that improve outcomes for young children and provide a benefit to participants and by being responsive to the unmet needs within the region.

In this first Yavapai Regional Needs and Assets Report child and family indicators that describe life in the region are reviewed. An introductory assessment of the current early childhood development and health system is also provided. The goal of this report is to provide a valid and complete presentation of baseline data about young children and their families in the region. However, many challenges around the collection and analysis of data were encountered. While numerous sources for data exist in the state, the information can be difficult to analyze and often is not available at the regional level. This first Regional Needs and Assets Report, therefore, provides the best available information in a format that will help inform the Regional Partnership Council, First Things First State Board and community partners about the strengths and challenges that exist in the Yavapai Region.

The Yavapai Region is located in north central Arizona. It encompasses all of Yavapai County with the addition of the portion of the City of Sedona that is in Coconino County. The area encompasses over 8,125 square miles, and is as large as the state of New Jersey.

The Yavapai Region is experiencing tremendous growth. Since 2000, population in the region has grown 27 percent, exceeding the state's rate of growth of 24 percent. There are now over 215,000 people living in the region. Of that population, 87 percent lives in 26 identifiable communities that range in size from less than 400 people to almost 35,000. The Region has two Indian reservations, the Yavapai-Prescott Indian Tribe located in the Prescott area and the Yavapai-Apache Nation located in the Verde Valley.

There are approximately 12,730 children birth through five years of age living in the Yavapai Region. Children comprise 6 percent of the total population. Many babies are born at-risk due to their mother's young age, lack of adequate prenatal care, low educational attainment and economic status. The percentage of births to teen mothers in Yavapai County has averaged 14 percent during the last five years, which is over the state average of 12 percent. In the Yavapai Region, 64 percent of births in 2006 were paid for by a public source. Statewide, 54 percent of births are paid for by a public source.

While much of the Yavapai Region has the appearance of affluence, poverty is as prevalent as in the rest of the state and the nation. Median household income for Yavapai County in 2006 was \$40,649 which was about 15 percent less than the median income (\$47,265) for Arizonans in general. Nine percent of families and 20 percent of children under the age of five live in poverty in families with income that is less than 100 percent of the federal poverty level.

The most at-risk families have access to several high quality home visiting programs currently operating in the region. These programs, however, are only able to serve a small portion of eligible families. While there are numerous parenting education programs there is no mechanism to ensure that at-risk populations receive the information they need. Coordination among these family support programs is lacking due to limited resources.

There are too few quality early care and education programs in the region. Only six early care and education programs in the region are accredited. This represents only 7.7 percent of total licensed/registered centers. Statewide 22 percent of early care and education centers are accredited.

Access to services is limited for a large number of people because of transportation issues. The Yavapai Region is geographically large, measuring over 100 miles in length and width, at its extremes. There are a limited number of transportation corridors due to the large amount of vacant federal and state land. Travel within the region is affected by distances between communities, terrain and weather. Services, including grocery stores, shopping, health care and providers of other professional services, are generally located in the more populated communities. Individuals living outside these communities have to travel significant distances to access services. Public transportation is lacking throughout the region, even in the larger cities and towns. Therefore, even travel within populated areas is difficult for some residents who lack personal transportation.

There are many challenges and opportunities in the Yavapai Region related to ensuring that all children are healthy and ready for success. The Yavapai Region is challenged with the following predominant issues: transportation and geographic distance hinders access to services; there are too few quality early care and education centers; there is inadequate access to early care and education settings for infants, toddlers, children with special needs, children living outside population centers and children needing services outside of normal operating hours; at-risk families do not all receive the family support they need; parents have limited knowledge regarding child health and development; families have limited awareness of existing programs and services; families struggle with economic issues associated with a high cost of living, low-paying jobs and a lack of benefits; and there is a need for more collaboration between service providers.

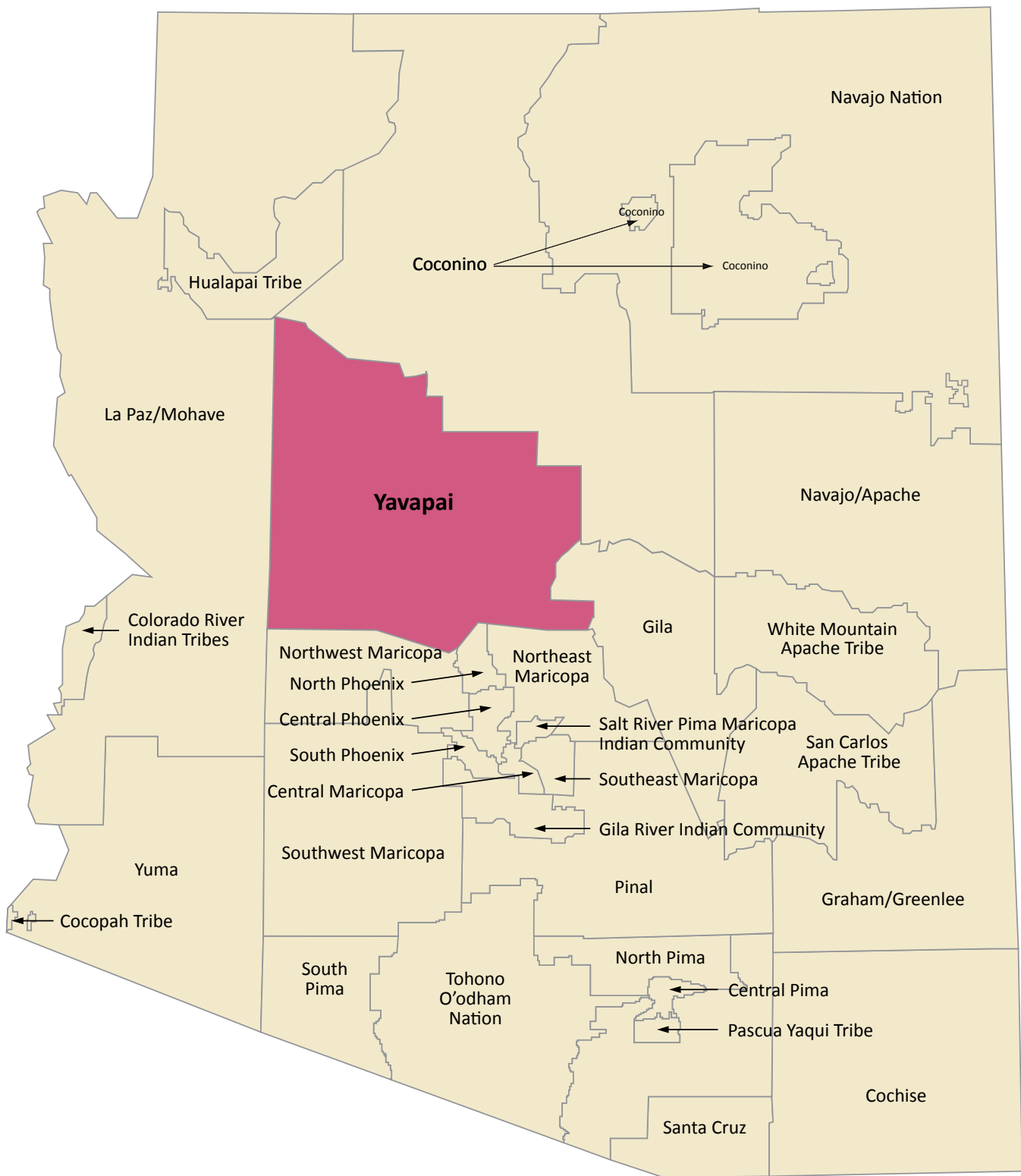
The Yavapai Region has opportunities to support, expand and coordinate quality programs and services already in place and to design strategies to leverage those strengths to meet the identified needs and challenges facing children and families.

First Things First – A Statewide Overview

The mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure that a child entering school arrives healthy and ready to succeed. The governance model of First Things First includes a State-level Board and Regional Partnership Councils. The State Board consists of 12 members, nine of whom are appointed by the Governor. The Regional Partnership Councils are each comprised of 11 members appointed by the State Board. The model combines consistent state infrastructure and oversight with strong local community involvement in the planning and delivery of services.

First Things First has responsibility for planning and implementing actions that will result in an improved early child development and health system statewide. The Regional Partnership Councils, 31 in total, represent a voluntary governance body responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area (“region”) of the state. The Board and Regional Partnership Councils will work together with community partners, including Native American Tribes, to ensure that a comprehensive, high quality, culturally sensitive early childhood development and health system is put in place for children and families to accomplish the following:

- Improve the quality of early childhood development and health programs;
- Increase access to quality early childhood development and health programs;
- Increase access to preventive health care and health screenings for children through age five;
- Offer parent and family support and education concerning early child development and literacy;
- Provide professional development and training for early childhood development and health providers; and
- Increase coordination of early childhood development and health programs and public information about the importance of early childhood development and health.



The Yavapai Regional Partnership Council

The First Things First Yavapai Regional Partnership Council works to ensure that all children in the Yavapai region are afforded an equal chance to reach their full potential. The Regional Partnership Council is charged with partnering with the community to provide families with opportunities to improve their children's educational and developmental outcomes. By investing in young children, the Regional Partnership Council and its partners will help build brighter futures for the region's next generation of leaders, ultimately contributing to economic growth and the region's overall well being.

To achieve this goal, the Yavapai Regional Partnership Council, with its community partners, will work to create a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region. As a first step, The First Things First report, *Building Bright Futures: A Community Profile*, provides a glimpse of indicators that reflect

child well being in the region and begins the process of assessing needs and establishing priorities. The report reviews the status of the programs and services serving children and their families and highlights the challenges confronting children, their families, and the community. The report also captures opportunities that exist to improve the health, well-being and school readiness of young children.

In the fall of 2008, the Yavapai Regional Partnership Council will undertake strategic planning and set a three-year strategic direction that will define the initial focus in achieving positive outcomes for young children and their families. The Regional Partnership Council's strategic plan will align with the Statewide Strategic Direction approved by the FTF Board in March 2008.

To effectively plan and make programming decisions, the Regional Council must first be fully informed of the current status of children in the Yavapai Region. This report serves as a planning tool for the Regional Council as they design their strategic roadmap to improve the early childhood development and health outcomes for young children. Through the identification of regional needs and assets, this initial report begins to outline possible priority areas on which to focus efforts and resources.

It is important to note the challenges in writing this report. While numerous sources for data exist in the state and region, the information was often difficult to analyze and not all state data could be analyzed at a regional level. Lack of a coordinated data collection system among the various state agencies and early childhood organizations often produced statistical inaccuracies and duplication of numbers. Additionally, many indicators that could effectively assess children's healthy growth and development are not currently or consistently measured.

Nonetheless, FTF was successful in many instances in obtaining data from other state agencies, Tribes, and a broad array of community-based organizations. In their effort to develop regional needs and assets reports, FTF has begun the process of pulling together information that traditionally exists in silos to create a picture of the





well being of children and families in various parts of our state.

During the coming years, the Regional Council will work with the FTF Board to improve data collection at the regional level so that the Regional Council has reliable and consistent data in order to make good decisions to advance the services and supports available to young children and their families. In the fall of 2008 FTF will conduct a statewide family and community survey that will provide information on parent knowledge related to early childhood development and health and their perception of access to services and the coordination of existing services. The survey results will be available in early 2009 and include a statewide and regional analysis.

Overview of Region: Yavapai

The Yavapai Region is known for its four mild seasons, plentiful lakes, mountains and forests, and small town atmosphere. The Yavapai Region includes various topographies, ranging from 1,700 foot desert elevations to 7,900 foot forested mountain peaks, and grassland mesas at 4,000 to 5,000 foot elevations. The U.S. Forest Service owns 38 percent of the land; the Bureau of Land Management controls 10.5 percent and Arizona State Trust Lands manages 25 percent of the region's land area. Only 26 percent of the Yavapai Region is privately owned property.

Within the region there are two centers of population; the Central Yavapai region and the Verde Valley. In 2000, 55,850 people or approximately 33 percent of the region's population lived in the Verde Valley. Forty-nine percent, 83,466 people, lived in the Central Yavapai Region throughout the communities surrounding Prescott and Prescott Valley. Five percent of the population (8,588 people) lived in small communities outside of the two population centers. The remaining 13 percent of the population (22,576 people) lived in other locations, outside of these communities. Within a State that is the third fastest growing in the nation, Yavapai County is Arizona's second fastest growing county.



Regional Child and Family Indicators

Regional Child and Family Indicators

Characteristics of the region impact its residents. Demographic information paints the picture of how living in the region compares to life in the rest of the state and perhaps the nation. In this section, evaluation of various regional child and family indicators helps describe the region. In many cases information is presented for Yavapai County, rather than Yavapai Region. It is assumed that county data closely reflects the region as a whole. Information comparing regional child and family indicators to data for the state is provided for all indicators where valid information was identified. While every attempt was made to collect data for each year at each level of reporting (regional through national), there are some items for which no reliable or comparable data currently exist. As the *Building Bright Futures* report duly noted, infrastructure for sharing, collecting, and accessing early childhood data in Arizona is a gap that the First Things First initiative seeks to address systematically. These biennial community-level assessments are one part of the process that will be used to close this data infrastructure gap over time.

Regional Population

Yavapai County has experienced tremendous growth for the last four decades and is currently the second fastest growing county in Arizona. The Yavapai Region's population grew 27 percent from 2000 to 2007, exceeding the rate of overall population growth in the State.

Change in Population, All Ages, 2000 – 2007

	2000	2007	Percent Change
Yavapai Region	170,480	215,913	27%
Arizona	5,130,632	6,338,755	24%
U.S.	281,421,906	301,621,157	7%

Sources: U.S. Census (2000), Summary File SF2 and U.S. Census Population Estimates Program (PEP) 2007 estimates.

With this overall increase in population came significant growth in the number of children aged birth to four. The total number of children in this age range in the region grew by 23 percent to 10,592 as compared to 26 percent for the state as a whole. It is estimated that there are 12,730 children five years old and younger in the region. Children age birth through five are estimated to comprise 6 percent of the total population in the Yavapai Region compared to the statewide average of 9 percent.

Change in Population, Children Ages Birth to Four Years, 2000 – 2007

	2000	2007	Percent Change
Yavapai County	8,628	10,592	23%
Arizona	381,833	480,491	26%
U.S.	19,137,974	20,724,125	8%

Sources: U.S. Census (2000), Summary File SF2 and U.S. Census Population Estimates Program (PEP) 2007 estimates.

The Yavapai Region contains numerous communities, of which only nine are incorporated. The incorporated cities and towns of the region are: Prescott, Prescott Valley, Chino Valley, Dewey-Humboldt, Camp Verde, Clarkdale, Cottonwood, Jerome, and Sedona. The Prescott area is designated as a Metropolitan Statistical Area. Of the nine incorporated cities and towns, six have a population of over 10,000 people. Sixty-two percent of the region's population lives in these nine incorporated cities and towns.

There are 17 census-designated places. These "places" represent concentrations of populations identifiable by name that are not legally incorporated. These communities are generally small, geographically disperse, with limited infrastructure. The census-designated places in the Yavapai Region are: Ash Fork, Bagdad, Black Canyon City, Congress, Cordes Lakes, Cornville, Cottonwood-Verde Village, Lake Montezuma, Mayer, Paulden, Peeples Valley, Seligman, Spring Valley, Village of Oak Creek, Wilhoit, Williamson Valley and Yarnell. Twenty-five percent of the region's population lives in these census-designated places.

The remaining 13 percent of the population live throughout the region in locales that are not identified by name or which have populations so small that they are not specifically identified by the U.S. Census Bureau.

The Region also has two Indian reservations, the Yavapai-Prescott Indian Tribe located in the Prescott area and the Yavapai-Apache Nation located in the Verde Valley.

Within the region there are two centers of population. The Verde Valley is in the eastern part of the region, and includes the communities of Camp Verde, Clarkdale, Cornville, Cottonwood, Cottonwood-Verde Village, Jerome, Lake Montezuma/Rimrock/McGuireville, Sedona and the Yavapai-Apache Nation. In 2000, 55,850 people or approximately 33 percent of the region's population lived in the Verde Valley.

In 2000, 83,466 people (49 percent) lived in the Central Yavapai Region in the communities of Chino Valley, Cordes Lakes, Dewey-Humboldt, Mayer, Paulden, Prescott, Prescott Valley, Spring Valley, and the Yavapai-Prescott Tribe.

Five percent of the population (8,588 people) lived in small communities outside of the two population centers. These communities are: Ash Fork, Bagdad, Black Canyon City, Congress, Peeples Valley, Seligman, Wilhoit and Yarnell. The remaining 13 percent of the population (22,576 people) lived in other locations, outside of these communities.

Verde Valley – Change in Population, All Ages, 2000 – 2007

PLACE NAME	2000	2007	Percent Change
Camp Verde	9,451	10,797	14.2%
Clarkdale	3,422	4,188	22.4%
Cottonwood	9,179	11,281	22.9%
Cottonwood – Verde Village	10,610	n/a	n/a
Jerome	329	353	7.3%
Cornville	3,335	n/a	n/a
Sedona	10,192	11,471	12.3%
Village of Oak Creek	5,245	n/a	n/a
Lake Montezuma/ Rimrock/McGuireville	3,344	n/a	n/a
Yavapai-Apache Nation	743	n/a	n/a
TOTAL Verde Valley	55,850	n/a	n/a

Source: US Census (2000) and 2007 Population Estimates Program (Table GCT-T1).

Central Yavapai – Change in Population, All Ages, 2000 – 2007

PLACE NAME	2000	2007	Percent Change
Chino Valley	7,835	10,838	38.3%
Dewey-Humboldt	6,295	n/a	n/a
Prescott	33,938	42,265	24.5%
Prescott Valley	23,535	37,779	60.5%
Cordes Lakes	2,058	n/a	n/a
Paulden	3,420	n/a	n/a
Spring Valley	1,019	n/a	n/a
Williamson Valley	3,776	n/a	n/a
Mayer	1,408	n/a	n/a
Yavapai-Prescott Tribe	182	n/a	n/a
TOTAL Central Yavapai	83,466	n/a	n/a

Source: US Census (2000) and 2007 Population Estimates Program (Table GCT-T1).

Other Census-Designated Communities – Change in Population, All Ages, 2000 – 2007

PLACE NAME	2000	2007
Ash Fork	457	n/a
Bagdad	1,578	n/a
Black Canyon City	2,697	n/a
Congress	1,717	n/a
Peeples Valley	374	n/a
Seligman	456	n/a
Wilhoit	664	n/a
Yarnell	645	n/a
TOTAL Other Communities	8,588	n/a

Source: US Census (2000) and 2007 Population Estimates Program (Table GCT-T1).

Regional Race, Ethnicity and Language

Race and Ethnicity Characteristics

Yavapai County's population has historically been primarily white (84 percent) and Hispanic (12 percent). Native Americans comprise approximately 2 percent of the population. Asian/Pacific Islander and African Americans each make up 1 percent of the county population.

Racial Composition

	African American	American Indian	Asian / Pacific Islander	Hispanic / Latino	White, Not Hispanic
Yavapai County	1%	2%	1%	12%	84%
Arizona	4%	5%	2%	29%	60%

Source: American Community Survey (2006)

Births by mother's race/ethnic group suggest that the racial composition for young children within the region looks different than the racial composition of the general population. While 84 percent of the general population is white, non-Hispanic, only 66 percent of births were to mothers who were white, non-Hispanic. In 2006, more than twice as many babies were born to Hispanic or Latino mothers as would be anticipated based on their percentage of the total population.

Births by Mother's Race/Ethnic Group, 2006

	White, Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Unknown
Yavapai County	66.0%	29.5%	0.7%	1.7%	1.1%	1.0%
Arizona	42.0%	44.0%	3.8%	6.2%	3.1%	0.8%
U.S.	54.1%	24.4%	14.5%	1.1%	5.6%	0.3%

Sources: ADHS, *Arizona Health Status and Vital Statistics (2006) Table 5B-8: Births By Mother's Race/Ethnicity, Child's Gender and County of Residence, Arizona 2006*. CDC, NCHS, *National Vital Statistics Reports, Vol. 56 No. 7, December 5, 2007*.

Immigration Status

In the Yavapai Region, 5 percent of the residents are not United States citizens. This is less than the prevalence of non-citizens in the State and Nation. In Yavapai County, 93 percent of residents are native-born citizens, compared to 85 percent statewide.

Population by Citizenship Status, 2006

	Native-born, U.S. Citizen	Foreign-born, Naturalized Citizen	Foreign-born, Not U.S. Citizen
Yavapai County	93.0%	2.0%	5.0%
Arizona	85.0%	4.4%	10.6%
U.S.	87.5%	5.2%	7.3%

U.S. Census Bureau, *American Factfinder, Selected Social Characteristics in the United States: 2006*

Arizona is one of eight states that has been the primary destination for unauthorized Mexican immigrants. According to the U.S. Census Bureau, the Hispanic population more than doubled in the past decade in parts of Yavapai County. Sedona experienced a 124 percent increase in Hispanic population from 1990 to 2000; while Prescott saw a 46.8 percent increase. In 2000, Hispanics comprised 9.8 percent of Yavapai County residents. Population estimates from 2006 indicate Hispanics make up 12 percent of the region's population.

According to the Annie E. Casey Foundation, Kids Count report, 30 percent of all children in the State have at least one foreign-born parent. The number of children living in immigrant families in the region is not known, but likely to be low compared to the rest of the state. Children of immigrants face difficulties that children of native-born parents do not. Educational attainment of immigrant parents is often limited. Parents who have completed fewer years of schooling may be less able to help their children learn to read. In addition, children of immigrants may be less prepared than their counterparts to start kindergarten. Nationally, three and

four-year-old children in immigrant families are less likely to participate in nursery school or preschool programs than their peers.¹

Children in Immigrant Families (2006)

Yavapai County	Arizona	U.S.
Data not available	30%	22%

Source: Annie E. Casey Foundation. Kids Count. *Children in Immigrant Families*, Phoenix, AZ. As determined by the 2000 and 2001 Supplementary Survey and the 2002 through 2006 American Community Survey.

Children that are part of an immigrant family are likely to be citizens themselves. Citizenship status allows children to qualify for public benefits such as Arizona Health Care Cost Containment System (AHCCCS) or KidsCare (publicly financed health insurance for low-income children) that are generally not available to non-citizens. Nonetheless, citizenship status is not a guarantee that young children are able to access services. It is believed that many Hispanics do not seek the services they need for themselves or their children for fear of having their status questioned, even if they do have legal status to be living in the United States. National studies suggest that many eligible citizen children with noncitizen parents are unaware or afraid of the consequences of participating in public programs for which their children are eligible.²

While young children in the Yavapai region may be less likely to reside in an immigrant family, those that are part of immigrant families are likely to face barriers – even when they themselves are citizens. During community forums conducted in 2007 and 2008 by First Things First and Yavapai Communities for Young Children numerous such barriers were identified. They include: “lack of bilingual providers;” “language barriers;” “new laws prohibiting the hiring of family members and friends as translators;” “fear and stigma among parents;” and “challenges faced when parents or family members are deported.”³

Language Characteristics

Language characteristics, such as language primacy or fluency, are generally not measured in children until they reach five years of age. The Annie E. Casey Foundation Kids Count report, which is based on the 2000 Census, indicates that while 29 percent of Arizona’s children ages five to 17 years of age speak a language other than English at home, the majority of them also speak English well or very well.

Household language use has an influence on a young child’s language acquisition. In the Yavapai region, 9.7 percent of people over five years of age speak a language other than English at home compared to 25.9 percent statewide.

¹ Children’s Action Alliance, “Going Beyond the Immigration Hype: Children and Our Shared Destiny” Fact Sheet, 2006.

² Capps, R, Hagan, J and Rodriguez, N. “Border Residents Manage the U.S. Immigration and Welfare Reforms.” In *Immigrants, Welfare Reform, and the Poverty of Policy*. Westport, CT: Praeger, 2004.

³ First Things First Forum, June 2007 and Yavapai Communities for Young Children Forums, March 2008.

Language Spoken at Home* – 2000

	Percent Speak Only English	Percent Speak Spanish	Percent Speak Other Languages
Yavapai County	90.3	7.0	2.7
Arizona	74.1	19.5	6.4

Source: Census 2000 Summary File 3, Table QT-P16, 2000. *Population five years and over.

Family Composition

In the Yavapai Region, most (65 percent) households with children are headed by a married couple. Twenty-six percent of households are headed by single mothers. Another 8 percent are headed by single fathers. Children in the Yavapai region are as likely to be living in a single parent household as other Arizona children.

Makeup of Households with Children Birth to 18 Years of Age, 2006

	Married Couple Households	Male Headed Household without Wife	Female Headed Household without Husband
Yavapai County	65%	8%	26%
Arizona	65%	9%	24%
U.S.	68%	7%	24%

Source: U.S. Census Bureau, American Factfinder, Selected Social Characteristics in the U.S: 2006

The likelihood that a child will be born into a single-parent household is over 40 percent in the Yavapai region. In 2006, 996 births out of 2,380 were to unmarried women. The percentage of births to unmarried women in the region has increased over the last two years and is comparable to the State's percentage. Both the region and state have a higher percentage of births to unmarried women than does the nation.

Births to Unwed Mothers, 2003 – 2006

	2003	2004	2005	2006
Yavapai County	39.1%	38.5%	41.5%	41.8%
Arizona	41.2%	41.9%	42.8%	43.8%
U.S.	34.6%	35.7%	36.9%	38.5%

Source: ADHS, Arizona Health Status and Vital Statistics, Table 5B-15, 2003, 2004, 2005, 2006. CDC, NCHS, National Vital Statistics Reports, 2003 – 2006.

Teen Parent Households

In 2006, 13 percent of all births in the Yavapai region were to teen mothers. This is greater than the percent of teen births that occur throughout the state.

Percentage of Children Born to Teen* Mothers

	2002	2003	2004	2005	2006
Yavapai County	15%	14%	15%	13%	13%
Arizona	13%	12%	12%	12%	12%
U.S.	11%	10%	10%	10%	Not Available

*Teen defined as 19 years of age and under. Sources: American Community Survey, National Center for Health Statistics, and ADHS Vital Statistics

Babies born to teen mothers are more likely than other children to be born at a low birth weight, experience health problems and developmental delays, experience abuse or neglect and perform poorly in school. As they grow older, these children are more likely to drop out of school, get into trouble, and end up as teen parents themselves.⁴

Although, teen pregnancy and birth rates in the U.S have steadily declined during the past 10 years, Arizona is among states with the highest teen birth rates in the nation⁵. According to data from Arizona Department of Health Services, Arizona's teen births, at 59.6 births per 1,000 females 15-19 years of age, is well above the U.S. rate of 41.9. The teen birth rate in the Yavapai Region is 49.1 births per 1,000 females 15-19 years of age. This is greater than the teen birth rate for the Nation. It is the fifth best rate among Arizona's fifteen counties.

Teen Birth Rates – Mothers 15 – 19 Years of Age, 2003 – 2006
(The number of births per 1,000 females 15 – 19 years of age)

	2003	2004	2005	2006
Yavapai County	47.1	48.5	46.1	49.1
Arizona	59.2	58.2	56.5	59.6
U.S.	41.6	41.1	40.5	41.9

Source: ADHS, *Arizona Health Status and Vital Statistics, Table 5A-5, 2003 – 2006*, and CDC, NCHS, *National Vital Statistics Reports: Volume 56, Number 6, December 5, 2007*.

Within the Yavapai region, there is variation in the number of teen births among communities. Communities with the highest percentage of births to teens in 2006 were Camp Verde (24.4 percent), Lake Montezuma (20.0 percent), Ash Fork (19.2 percent) and Rimrock (18.9 percent).

⁴ Annie E. Casey Foundation. Kids Count Indicator Brief: Preventing Teen Births, 2003.

⁵ CDC, NCHS, National Vital Statistics Reports, Volume 56, Number 6, December 5, 2007.

Children Born to Teen Mothers by Community, 2006

	Total births	Mothers 19 years old or younger	Percent Births to Teen Mothers
Ash Fork	26	5	19.2%
Bagdad	34	2	5.9%
Black Canyon City	23	0	0
Camp Verde	131	32	24.4%
Chino Valley	204	30	14.7%
Clarkdale	41	3	7.3%
Congress	16	2	12.5%
Cordes Lakes	6	1	16.7%
Cornville	51	0	0
Cottonwood	381	59	15.5%
Crown King	1	0	0
Dewey	73	4	5.5%
Hillside	1	0	0
Humboldt	10	1	10.0%
Jerome	4	0	0
Kirkland	11	1	9.1%
Lake Montezuma	20	4	20.0%
Mayer	44	7	15.9%
Paulden	63	8	12.7%
Peeples Valley	1	0	0
Prescott	415	49	11.8%
Prescott Valley	688	92	13.4%
Rimrock	53	10	18.9%
Sedona	65	5	7.7%
Seligman	6	1	16.7%
Skull Valley	6	0	0
Spring Valley	2	0	0
Yarnell	3	0	0
Unknown	1	0	0
Total Yavapai County	2,380	316	13.3%
Arizona	102,042	12,916	12.7%
U. S.		435,427	Approx. 10%

Source: ADHS, *Arizona Health Status and Vital Statistics, Table 9A, 2006.*

Grandparent Households

In Yavapai County, less than 1 percent of households with children 18 years of age or younger are led by grandparents. This is less than the percentage of grandparent led households in other counties in the state. Nonetheless, it represents 1,311 children under 18 years of age living with a grandparent in Yavapai County. Of these children, 60 percent (784) were under six years of age. These grandparents may face difficult challenges. Grandparent caregivers are more likely to be poor compared to parent-maintained families. The 2000 census showed that 19 percent of grandparent caregiver households had income that was below the federal poverty guidelines, as compared to

14 percent of households with parents.⁶ Furthermore, a portion of grandparent caregivers have either disabilities or age related functional limitations that affect their ability to respond to the needs of grandchildren. In 2006, 37 percent of grandparents (60 years old or older) living with grandchildren had a disability.⁷ In the Yavapai region, substance abuse may be a major reason why grandparents are charged with caring for their grandchildren. For example, of the 28 kinship families participating in Arizona's Children Association KARE Family Program in Yavapai County, 24 stated that substance abuse was the predominant reason for grandparent and kinship placement.⁸

Additionally, the number of children in the Yavapai Region that are in foster care placement or living with unrelated family members is significant. The percentage of children under 18 years of age (8.5 percent) living in this type of arrangement is more than four times the State rate (2.1 percent).

Relationship to Householder for Children Under 18 Years of Age, 2006

	Yavapai County		Arizona		U. S.	
Own Child	34,714	85.2%	1,424,307	87.8%	65,330,026	88.9%
Grandchild	1,311	3.2%	109,226	6.7%	4,691,170	6.4%
Other Relative	1,272	3.1%	53,660	3.3%	2,044,536	2.8%
Foster Child or other unrelated Child	3,443	8.5%	34,752	2.1%	1,394,835	1.9%
TOTAL	40,740	100%	1,621,945	100%	73,460,567	100%

Source: US Census Bureau, *American Community Survey (2006)*

Employment, Income and Poverty

Joblessness for a family impacts the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.3 percent in May of 2007. During the most recent 12-month reporting period, unemployment in Arizona has mirrored the national trend where an economic downturn has led to higher joblessness rates.

According to the Arizona Department of Commerce, the unemployment rate in Yavapai County was 3.0 percent in May 2007. It increased to 3.8 percent in May 2008. The state unemployment rate in May 2008 was 4.4 percent. The unemployment rate for Yavapai County is lower than both the state and national averages. However, like the state and national unemployment rates, the unemployment rate in Yavapai County has increased recently. The unemployment rate in May 2008 for the Prescott-Metro area was 4.3 percent, indicating that there are locations within the region that are more heavily impacted by the economic downturn.

The economy in Yavapai County is reliant on the service sector, especially those businesses supported by tourism. According to the Arizona Department of Commerce, almost 54 percent of Yavapai County jobs are in the service sector, including 8.6 percent in the leisure and hospitality industry. Another 8.5 percent are in the construction and mining industries. The recent downturn in the economy has had a large impact on employment in these industries.

⁶ Census 2000. Grandparents Living with Grandchildren, 2000, Census Brief.

⁷ 2006 American Community Survey.

⁸ Grandparent Kinship Families Report, Yavapai County, Arizona's Children Association KARE Family Program, May, 2008.

Unemployment Rates

	May 2007	April 2008	May 2008
Yavapai County	3.0%	3.6%	3.8%
Arizona	3.6%	3.9%	4.4%
U.S.	4.5%	5.0%	5.5%

Source: Arizona Dept. of Commerce, Research Administration (June, 2008)

Annual Income

The median household income in Yavapai County in 2006 was \$40,649, compared to a median income of \$47,265 for the State. It is likely that median income varies by community and economic sector in the region. The cost to live in Yavapai County is greater than in other parts of the state. The overall cost of living index in Yavapai County is 110, compared to 102 for Arizona and 100 for the rest of the nation.⁹ The combination of lower income based on employment in service sector jobs, a troubled economy, and a high cost of living make it difficult for many families living in Yavapai County to cover basic living expenses.

Median¹⁰ Household Annual Income (per year – pretax)

	2002	2003	2004	2005	2006
Yavapai County	\$34,114	\$35,303	\$37,309	\$40,382	\$40,649
Arizona	\$39,734	\$41,166	\$43,846	\$44,402	\$47,265
U.S.	\$43,057	\$43,564	\$44,684	\$46,242	\$48,451

Source: American Community Survey

Families in Poverty

According to the U.S. Census Bureau, 2006 American Community Survey, 9 percent of Yavapai County families have an income that is below the federal poverty level. (For a family of four, the federal poverty level is \$24,800 a year.)¹¹ This compares to 10 percent of Arizona families living below the poverty level. Of the families living in poverty in Yavapai County, 46.5 percent (2,241 families) have children who are less than five years of age. These 2,690 young children comprise 20 percent of all of the children, birth to five years of age, living in the region.

Families Living in Poverty, 2006

(Poverty is defined as income below 100 percent of the federal poverty level.)

	Percentage of Families Living In Poverty	Percent Families with Children Under 5, Living in Poverty,
Yavapai County	9.1%	25.9%
Arizona	10.1%	26.5%
U. S.	9.8%	19.2%

Source: U.S. Census Bureau, American Community Survey, 2006, Table B17010 – Poverty Status.

⁹ http://www.bestplaces.net/County/Yavapai_AZ-COSTLIV-DATA-4

¹⁰ The median, or mid-point, is used to measure income rather than taking the average, because the high income households would skew the average income and artificially inflate the estimate. Instead, the median is used to identify income in the middle of the range, where there are an equal number of incomes above and below that point so the entire range can be represented more reliably.

¹¹ Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.

The federal poverty level does not adequately reflect the true cost of supporting a family. As cited, families typically need an income of at least twice the official poverty level to meet basic needs. This is the amount of money needed for a family to cover their basic living expenses – enough to get by but not enough to get ahead.

Children Living in Poverty – By Community, 2000

Community	2000 Census Population	Number of Children Under 5	Number of Children under 5 Living in Poverty	Percent Children Under 5, Living in Poverty
Ash Fork	457	33	6	18.2
Bagdad	1,578	120	4	3.3
Black Canyon City	2,697	119	22	18.5
Camp Verde	9,451	578	80	13.8
Chino Valley	7,835	475	112	23.6
Clarkdale	3,422	211	25	11.8
Congress	1,717	41	9	22.0
Cordes Lakes	2,058	101	71	70.3
Cornville	3,335	170	26	15.3
Cottonwood	9,179	626	144	23.0
Cottonwood – Verde Villages	10,610	608	116	19.1
Dewey-Humboldt	6,295	221	81	36.7
Jerome	329	4	2	50.0
Lake Montezuma	3,344	188	19	10.1
Mayer	1,408	70	11	15.7
Paulden	3,420	253	73	28.9
Peeples Valley	374	14	0	N/A
Prescott	33,938	1,264	255	20.2
Prescott Valley	23,535	1,788	311	17.4
Sedona	10,192	318	105	33.0
Seligman	456	24	2	8.3
Spring Valley	1,019	35	0	N/A
Village of Oak Creek	5,245	147	27	18.4
Wilhoit	664	25	6	24.0
Williamson Valley	3,776	126	24	19.0
Yarnell	645	9	8	88.9

Source: U.S. Census Bureau; 2000 Census, Table P12 Sex by Age, and Table P87 Poverty Status.

Another source of poverty data reveals that in 2003 the residents of Chino Valley and Cottonwood were most likely to have an income of less than 200 percent of the federal poverty level.

Population Living at or Below Federal Poverty Level—by Community – 2003

Federal Poverty Level	Camp Verde	Chino Valley	Cottonwood	Prescott	Prescott Valley	Sedona
100% FPL	13.5%	15.1%	12.8%	12.6%	11.3%	10.2%
200% FPL	36.4%	40.3%	41.5%	30.5%	38.3%	27.4%

Arizona Department of Health Services, *Community Health Profile*, 2003.

Parent Educational Attainment

Educational attainment by a child's mother is a strong predictor of the child's academic achievements, health status, and well-being.¹² Mothers without a high school diploma are less likely to provide enriching childhood experience necessary for the child to be ready to learn and succeed in school. Children of mothers without a high school diploma have lower scores on math and reading skills upon entry to kindergarten than children of mothers with a high school diploma. Research has demonstrated an intergenerational effect of parental educational attainment on a child's own educational success later in life. Some studies have surmised that up to 17 percent of a child's future earnings may be linked (through their own educational achievement) to whether or not their parents or primary caregivers also had successful educational outcomes.¹³

In Arizona, almost 30 percent of mothers that gave birth had less than a high school diploma. The rate has been consistently higher in Yavapai County than in the state since 2004.

Percentage of Births by Mother's Educational Attainment

		2002	2003	2004	2005	2006
Yavapai County	<High School Degree	28.5%	29.7%	31.4%	31.3%	30.2%
	High School Degree	31.8%	32.4%	31.7%	31.6%	31.0%
	1-4+ yrs College	39.1%	37.2%	36.4%	36.5%	37.9%
	Unknown	.6%	.6%	.5%	.6%	.9%
Arizona	<H.S. Degree	29.6%	30.1%	29.8%	29.1%	28.6%
	High School Degree	29.4%	28.7%	28.8%	29.2%	29.8%
	1 – 4+ yrs College	38.9%	39.4%	39.9%	40.7%	40.6%
	Unknown	2.1%	1.8%	1.5%	1.0%	1.0%

Source: ADHS, *Arizona Health Status and Vital Statistics, Table 5B-13 Births by Mother's Education and County of Residence, 2002 – 2006.*

While data on educational attainment of the mother is not available by community in the Yavapai Region, educational attainment of adults in general shows that while more adults are at least high school graduates than in the state and the nation, fewer adults have a bachelor's degree or higher.

Both women and men are more likely to have higher incomes if they have greater educational success. For example, according to 2004 statistics a woman with less than a 9th grade education could expect to earn less than \$18,000 per year, but with a high school diploma that income expectation rose to more than \$26,000 per year. With a bachelor's degree in 2004, women were reporting an income of \$41,000 per year.¹⁴

¹² See Magnuson, K.A. & McGroder, S.M. (2002). The Effects of Increasing Welfare Mother's Education on Their Young Children's Academic Problems and School Readiness. Working Paper. Evanston: IL. Northwestern University, Joint Center for Poverty and Research.

¹³ Johnson, Rucker C., and Robert F. Schoeni, "The Influence of Early-Life Events on Human Capital, Health Status, and Labor Market Outcomes Over the Life Course," Institute for Research on Labor and Employment. Population Studies Center Research Report 07-616, January 2, 2007.

¹⁴ US Census Bureau, *Income by education and sex.*

Educational Attainment, Adults 25 Years Old and Older, 2006

	Not A High School Graduate	High School Graduate	Some College (less than a B.A. Degree)	B.A. Degree or higher
Yavapai County	12.6%	29.2%	37.0%	21.2%
Arizona	16.3%	26.7%	31.6%	25.5%
US	15.9%	30.2%	26.9%	27.0%

Source of data: U. S. Census Bureau, *American Community Survey, 2006, Table S1501 Educational Attainment.*

Healthy Births

A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which a baby develops physically, mentally and emotionally into a curious and energetic young child. An unhealthy birth can be a major barrier in a baby's life, often delaying development and leading to life-long challenges.

Prenatal Care

Adequate prenatal care is vital in ensuring the best pregnancy outcome. The American College of Obstetricians and Gynecologists recommends that prenatal care begin in the first three months of pregnancy with at least nine visits. Yet in many communities, pregnant women do not receive the prenatal care needed to ensure their baby has a healthy beginning to life. There are many barriers to the use of early and continuous prenatal care. Some of these include poverty, lack of health insurance coverage, distance from prenatal care providers, young age of mother, stress and domestic violence¹⁵. In addition, cultural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care.¹⁶

Late or no prenatal care is associated with many negative outcomes for mother and child, including: postpartum complications for mothers; a 40 percent increase in the risk of neonatal death overall; low birth weight babies; and future health complications for infants and children.

¹⁵ <http://www.cdc.gov/reproductivehealth/products&pubs/datatoaction/pdf/rhow8.pdf>

¹⁶ LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.

Births By Number of Prenatal Visits

		2004	2005	2006
Yavapai County	No visits	1%	1%	1.9%
	1-4 Visits	6%	6%	4.8%
	5-8 Visits	17%	16%	17.4%
	9-12 Visits	39%	40%	44.5%
	13+ Visits	38%	37%	31.3%
Arizona	No visits	2.8%	2.3%	2.4%
	1-4 Visits	5%	4%	4.0%
	5-8 Visits	16%	17%	17.1%
	9-12 Visits	48%	51%	48.9%
	13+ Visits	27%	26%	27.5%
U.S.	Late/No Visits	3.5%	3.5%	n/a*
	1 st Trimester	84%	84%	n/a

Source: ADHS, *Arizona Health Status and Vital Statistics, Table 5B-12 Births by Number of Prenatal Visits and County of Residence, Arizona, 2002 – 2006.*

For the last three years, more than three fourths of all Arizona women giving birth had “adequate” prenatal care consisting of nine or more prenatal visits. The percent of Arizona women that had no care has remained constant at about 2.5 percent. Within Yavapai County, 24.1 percent of women received inadequate prenatal care, consisting of fewer than nine visits. This is slightly higher than for the State as a whole, where 23.5 percent of women received inadequate prenatal care.

In Yavapai County, 75.6 percent of mothers received the recommended level of prenatal care, consisting of at least nine prenatal visits. Approximately 50 women received no prenatal care. Overall, pregnant women across Arizona often fail to receive adequate prenatal care. According to national statistics, 84 percent of pregnant women receive prenatal care in their first trimester, compared to 76.4 percent in Arizona¹⁷. One prominent indicator of whether prenatal care is obtained in the first trimester is ethnicity. In Arizona, Native American women are least likely to start prenatal care in the first trimester. According to 2005 data, 32 percent of Native American women did not start prenatal care in the first trimester, followed by Hispanic women at 30 percent, Black women at 24 percent and White women at 12 percent.¹⁸

Low Birth-Weight Babies

Low birth weight (less than 5 lbs 8 oz.) and very low birth weight (less than 3 lbs 4 oz.) are leading causes of infant health problems and death. Babies who weigh less than 5 pounds, 8 ounces at birth are more likely to have health complications at birth and later in life. Many factors contribute to low birth weight. Among the most prominent are: premature birth, undiagnosed/uncontrolled health conditions of mother, drug use during pregnancy, smoking during pregnancy, poor nutrition during pregnancy and multiple births.

In Yavapai County, 195 babies were born with low-birth weight in 2006. This represents 8 percent of the total births that year. The rate of low-birth weight births have

¹⁷ Child Health USA 2003, U. S. Dept. of Health and Human Services, Health Research and Services Admin.

¹⁸ Arizona Department of Health Services, Health disparities report, 2005.

remained fairly consistent in the Yavapai Region at about 70 per 1,000 live births, which is similar to that State's rate and better than the National rate.

Low-Birth Weight Birth Ratios (less than 5.8 pounds at birth) (Per 1,000 live births)

	2004	2005	2006
Yavapai Region	70.6	72.8	71.8
Arizona	71.8	69.3	71.2
U.S.	80.7	82.0	n/a

Source: ADHS, Table 5B-17 Low-Birth weight Birth Ratios in the U.S. and in Urban and Rural Counties of Arizona, 1996 – 2006.

Public Source of Payment for Births in 2006:

In Arizona, 54 percent of all births are paid for by a public source, such as AHCCCS. In the Yavapai Region, however, 64 percent of births in 2006 were paid by a public source.

Tobacco Use During Pregnancy in 2006:

Women who smoke during pregnancy are at greater risk for premature births, low birth-weight babies, stillbirths, infant mortality, and other complications. Data show that young women ages 17 – 19 are more likely to use tobacco before and during pregnancy thus increasing the risks of a low birth-weight birth.

Arizona has a lower than average incidence of pregnant women who smoke cigarettes. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10 percent, while the Arizona rate was only 5.9 percent. Nationally, white teenagers are more likely to smoke during pregnancy (30 percent). In 2008, 13.6 percent of pregnant women in the Yavapai region report smoking during pregnancy. There is significant tobacco use reported in Ash Fork at 19.2 percent and Mayer at 37.2 percent of pregnant women. Appropriate preconception health guidelines include the avoidance of toxic substances, such as alcohol, tobacco, caffeine, and illicit drugs, and the initiation of specific vitamin supplementation. Cigarette smoking has been associated with an increased risk of miscarriage and obstetric problems.

Mother's Mental Health:

The impact of mother's mental health on the health and development of a baby is of concern to the Yavapai Regional Partnership Council. Hormonal fluctuations seem to impact depression. Pregnancy and delivery produce major changes in the levels of estrogen and progesterone. Serious, stressful life events also impact the development of depression. Poverty is linked to depression. Unfortunately, there is currently no way to assess the mother's mental health status throughout the region

Health Insurance Coverage and Utilization

Uninsured Children

It is estimated that 15 percent of Arizona's children do not have health insurance. Specific data for the Yavapai region is not available, however, it is assumed to be at least equal to the state rate.

In Arizona, public health insurance coverage is available to families with incomes at or below 200 percent of poverty and who have been without insurance coverage for at least six months. The Medicaid and State Children's Health Insurance Program (KidsCare in Arizona) provide preventive care such as immunizations and well child check-ups as well as treatment for illness and injury.

From 2001 to 2005, Arizona had a higher percentage of children without health insurance coverage compared to the nation. One reason that Arizona children may be less likely than their national counterparts to be insured is that they may be less likely to be covered by health insurance through their families' employer. In Arizona, 48 percent of children (ages birth to 18) receive employer-based coverage, compared to 56 percent of children nationally.¹⁹

Children and families who lack health insurance have reduced access to health care. People who do not have health insurance typically do not receive routine preventive care and postpone care when they are ill. Delayed treatment can result in routine conditions becoming more serious and therefore, more expensive to treat.

When parents do not access health care services for preventive care such as well child checks and immunizations, health problems may go undiagnosed, prevention of health problems does not occur, or existing conditions worsen.²⁰ Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.²¹

Percentage of Children (birth to five years) Without Health Insurance Coverage

	2001	2002	2003	2004	2005	2006
Arizona	14%	14%	14%	13%	15%	15%
U.S.	10%	10%	10%	10%	10%	11%

Source: Kids Count

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or create economic hardships for families. Having health insurance coverage promotes children's access to appropriate care as needed. Research shows that children with health care insurance.²²

- Are more likely to have well-child visits and childhood vaccinations than uninsured children,
- Are less likely to receive their care in the emergency room,
- Do better in school.

In Yavapai County there were 2,756 children enrolled in AHCCCS or KidsCare, Ari-

19 Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

20 Chen, E., Matthews, K. A., & Boyce, W. T., Socioeconomic differences in children's health: How and why do these relationships change with age? *Psychological Bulletin*, 128, 2002, 295-329.

21 National Education Goals Panel. *Reconsidering children's early developmental and learning: Toward common views and vocabulary*. Washington DC.

22 Johnson, W. & Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005. Dubay, L., & Kenney, G. M., Health care access and use among low-income children: Who fares best? *Health Affairs*, 20, 2001, 112-121. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

zona's publicly funded low cost health insurance programs for children in low income families at some time during 2007. These children represent 21 percent of the total children in Yavapai County.

Children Ages Birth to Five Enrolled in KidsCare or AHCCCS Health Coverage (2004-2007)

	AHCCCS				KidsCare				Total Children Under Six Enrolled In AHCCCS or KidsCare			
	'04	'05	'06	'07	'04	'05	'06	'07	'04	'05	'06	'07
Yavapai County	2,182	2,595	2,395	2,404	253	281	318	352	2,435	2,876	2,713	2,756
Arizona	87,751	102,379	95,776	96,600	6,029	7,397	8,699	9,794	93,780	109,776	104,475	106,394

Source: AHCCCS, Enrollment data is for calendar year, representing children enrolled at any time during the calendar year in AHCCCS or KidsCare. The child is counted under the last program in which the child was enrolled.

While 21 percent of Yavapai County's children receive publicly funded health coverage, many others are probably eligible but have not applied for coverage. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona), but are not enrolled.²³

Access to Medical Care

Many individuals who do not have health insurance do not have an established relationship with a primary care physician. They often utilize hospital emergency departments for routine care. The entire Yavapai County is designated as a federal Medically Underserved Population (MUP) based on the lack of available health care to low-income individuals.

Health insurance coverage is not the only factor that affects whether or not children receive the care that they need to grow up healthy. Other factors include: the scope and availability of services that are privately or publicly funded; the number of health care providers including primary care providers and specialists; the geographic proximity of needed services; and the linguistic and cultural accessibility of services.

While a variety of factors ultimately influence access to health care, health insurance coverage does play an important role in ensuring that children get routine health care from a doctor or dentist. For children under age five enrolled continuously in AHCCCS in Yavapai County, 81 percent received at least one visit to a primary care practitioner (such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner) during the year in 2007.

²³ Genevieve Kenney, et al, "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 31, 2003.

Percent of Children (ages 12-months – five years) Continuously Enrolled in AHCCCS Receiving One or More Visits to a Primary Care Practitioner

	Yavapai County*	Arizona
2005	81%	78%
2006	80%	78%
2007	81%	78%

Source: AHCCCS. Note: Continuously enrolled refers to children enrolled with an AHCCCS health plan (acute or ALTCS) 11 months or more during the federal fiscal years 2005, 2006, 2007

Oral Health Access and Utilization

In many communities in the Yavapai region, young children are likely to have untreated tooth decay, and are more likely to face urgent dental needs than their counterparts statewide. In 2003, 72 percent of children, six to eight years old, in Yavapai County had experienced dental decay, compared to 62 percent in the state. In the Yavapai region, 52 percent of children six to eight years old, had untreated tooth decay. This is significantly higher than the level of untreated tooth decay in children in the rest of Arizona (40 percent), and two times the Healthy People 2010 goal of 21 percent. Among Yavapai County children who have experienced tooth decay, each has had more than five teeth affected. Children this age have only 20 teeth. On average, each child in Yavapai County with untreated dental decay needs 6.43 fillings.

Need for Dental Care Among Children, Yavapai Region (ages six to eight)

Yavapai Communities (2003)	Untreated tooth decay	Tooth decay experience	Urgent Treatment needs	Sealants present
Camp Verde	69%	81%	18%	9%
Chino Valley	29%	59%	10%	37%
Cottonwood	54%	68%	3%	38%
Prescott	66%	79%	9%	33%
Prescott Valley	66%	79%	9%	33%
Sedona	57%	72%	9%	41%
Yavapai County	52%	72%	n/a	34%
Arizona	40%	62%	9%	28%

Source: Arizona Department of Health Services, *Community Health Profile 2003*.

According to the American Academy of Pediatric Dentistry, children should visit a pediatric dentist when their first tooth comes in or no later than their first birthday. There are too few dentists in the region who are able to provide dental services to young children. Access to oral health care is even more challenging for families with special needs children. According to a statewide Health Provider Survey report released in 2007, a large majority (78 percent) of Arizona dental providers surveyed in 2006 (N = 729 or 98 percent of all AHCCCS providers) said they did not provide dental services to special needs children because they did not have adequate training (40 percent), did not feel it was compatible with the environment of their practices (38 percent), or did not receive enough reimbursement to treat these patients (19 percent). The provider survey report recommended more training for providers to work with children with special needs and collaborating with provider organizations to

increase the number of providers who accept young children. There also is an inadequate number of dentists willing to see young children.

Child Safety

All children deserve to grow up in a safe environment. Unfortunately, not all children are born into a home where they are well-nurtured and free from harm. Additionally, some children are exposed to conditions that can lead to preventable injury or death, such as excessive drug/alcohol use by a family member, accessible firearms, exposure to environmental toxins, or unfenced pools.

Child abuse and neglect

Child abuse and neglect can result in both short-term and long-term negative outcomes. A wide variety of difficulties have been documented for victims of abuse and neglect, including mental health difficulties such as depression, aggression, and stress. Direct negative outcomes (such as low academic achievement; lower grades; lower test scores; learning difficulties; language deficits; poor schoolwork; and impaired verbal and motor skills) have also been documented. Furthermore, child abuse and neglect have a direct relationship to physical outcomes such as ill health, injuries, failure to thrive and physical complaints.

Child Abuse Reports, Substantiations, Removals, and Placements for Yavapai County

	Oct 2005 through Mar 2006	Apr 2006 through Sep 2006	Oct 2006 through Mar 2007	Apr 2007 through Sep 2007
Number of reports received	584	593	529	601
Number of reports Substantiated	60	83	54	52
Substantiation rate	10%	14%	10%	9%
Number of new removals	159	150	124	133

Source: Arizona Department of Economic Security, *Child Welfare Reports*.

While data demonstrates that child abuse and neglect exists within the region, it is important to note that a child abuse report is not an indicator of risk and does not necessarily tie to the removal of a child. There are many cases where the specific allegation in the report cannot be proven. The number of reports that are considered substantiated are a subset of the total number of reports that were received, investigated and closed during the reporting period.

Most child welfare experts believe the actual incidence of child abuse and neglect is almost three times greater than the cases reported. Further, experience suggests that many child abuse reports are unsubstantiated due to limitations faced by the child welfare system, such as: a lack of resources to investigate all cases thoroughly; lack of training for Child Protective Services staff, where employee turnover rates remain high; and the strained capacity of the foster care system.

During the Child Protective Services (CPS) reporting period of April 1, 2007 –

March 31, 2008, 35,706 reports were received by the CPS Hotline. Approximately 3.1 percent (1,110) of the reports concerned children living in Yavapai County. Of the reports received from Yavapai County, 9.5 percent (106) were classified as high risk.

Number of Reports to CPS Hotline by Risk Level, April 1, 2007 – March 31, 2008

	High	Moderate	Low	Potential	Total
Yavapai County	106	342	475	187	1,110
Arizona	5,121	9,890	14,654	6,041	35,706

Source: Arizona Department of Economic Security (DES), Child Welfare Report, Tables 2 & 3, April 1, 2007 – March 31, 2008.

Number of Reports to CPS Hotline by Type of Maltreatment, April 1, 2007 – March 31, 2008

	Emotional Abuse	Neglect	Physical Abuse	Sexual Abuse	Total
Yavapai County	13	693	330	74	1,110
Arizona	406	21,371	11,841	2,088	35,706

Source: Arizona Department of Economic Security (DES), Child Welfare Report, Tables 4 & 5, April 1, 2007 – March 31, 2008.

Foster Care Placements

In Yavapai County, from April 1, 2007 – March 31, 2008, 286 children entered out-of-home care. Sixteen children were voluntary placements. Voluntary foster care may be provided when the parents or legal guardians of a child have requested such assistance and have signed a legally binding written agreement, not to exceed 90 days, for the temporary placement of the child in foster care while risk factors are addressed to enable the child to live safely at home. A voluntary foster care agreement may be utilized only when the circumstances that brought the child into foster care are likely to be remedied within the 90 day period of time. A.R.S. §8-806 authorizes the Department of Economic Security to provide voluntary foster care placement for children for a period not to exceed 90 days and no more than twice within 24 consecutive months.

In Arizona, approximately 44 percent of out-of-home placements are in family foster care homes. Thirty-one percent are placements with relatives. The remaining placements are in group homes, residential treatment facilities or independent living arrangements.

The majority of children in out-of-home care are between one and six years of age (31.6 percent) and between 13 and 18 years old (28.6 percent). Infants, less than one year of age, comprise approximately 7 percent of children in out-of-home care. Sufficient quality early education and health resources are as much of a serious need for foster parents as biological parents. Foster parents have the additional difficult task of understanding the possible effects of trauma on a child's developing brain. They must be adequately supported in their work to implement strategies to counteract it. Foster parents also need to have access to quality, affordable child care for the young children in their care.

In central Yavapai County, Best for Babies, is a model program to integrate and coordinate services for young children who have entered the foster care system. Training on the unique needs of infants and toddlers exposed to trauma is provided to foster parents, service providers, attorneys for children, Child Protective Services

(CPS) staff and Court-Appointed Special Advocates (CASA) volunteers. Specially trained “Baby CASAs” are assigned to children, birth to three years of age, who enter the foster care system. Monthly meetings address service issues and provide a forum for system collaboration for the benefit of these young children in foster care.

Multiple placements in foster care increase the trauma experienced by children within the foster care system. Reducing the number of re-entries into foster care is a goal of Child Protective Services.

**Number of Children Entering Out-of-Home Care by Prior Placements,
April 1, 2007 – March 31, 2008**

	Number of Children Removed	Number of Children with Prior Removal in Last 12 Months	Percent of Children with Removal in Prior 12 Months	Number of Children with Removal in Prior 12 to 24 Months	Percent of Children with Removal in Prior 12 to 24 Months
Yavapai County	286	19	6.6%	11	3.8%
Arizona	7,666	917	12.0%	269	3.5%

Source: Arizona Department of Economic Security (DES), *Child Welfare Report, Tables 31 & 32, Oct. 1, 2007 – March 31, 2008*.

For 52.8 percent of the children in out-of-home care, family reunification is the primary case plan goal. This is followed by: adoption, 20.2 percent; independent living, 12.0 percent; long-term foster care, 3.8 percent; live with other relative, 2.3 percent; and, guardianship at 0.5 percent. For the remaining 6.6 percent of the children, the case plan goal is in the process of development.

In cases where children cannot safely return to their parents, DES Department of Children, Youth and Families helps children find safe, permanent homes through guardianship or adoption. Over the past two years, the number of finalized adoptions of children from the foster care system in the State of Arizona has increased by 46.8 percent and the total number of children in permanent guardianships has increased by 11.0 percent. Despite these successes, over 1,954 children remain in foster care with a case plan of adoption.

Shortages exist in the availability of foster homes in the region. Within the Yavapai Region, the greatest shortages exist in Chino Valley, Sedona, Mayer, Kirkland, Congress and Prescott (zip code 86305).

Differences Between Foster Homes and Removals – by Zip Code

ZIP Code	Post Office Name	Number of Removals	Number of Foster Homes	Number of Removals (excluding children placed with relatives)	Difference between Foster Homes and Removals (excluding children placed with relatives)	Description
85324	Black Canyon City	9	3	4	-1	Balance of foster homes and children
85332	Congress	6	0	3	-3	Shortage of foster homes
85362	Yarnell	0	0	0	0	No children removed
86301	Prescott	13	11	10	1	Balance of foster homes and children
86303	Prescott	20	7	16	-9	Large shortage of foster homes
86305	Prescott	12	8	12	-4	Shortage of foster homes
86314	Prescott Valley	60	48	40	8	Foster homes exceed children
86320	Ash Fork	5	4	5	-1	Balance of foster homes and children
86321	Bagdad	4	0	1	-1	Balance of foster homes and children
86322	Camp Verde	10	8	6	2	Balance of foster homes and children
86323	Chino Valley	33	17	27	-10	Very large shortage of foster homes
86324	Clarkdale	7	3	4	-1	Balance of foster homes and children
86325	Cornville	7	2	1	1	Balance of foster homes and children
86326	Cottonwood	33	24	20	4	Foster homes exceed children
86327	Dewey	11	10	9	1	Balance of foster homes and children
86332	Kirkland	6	1	5	-4	Shortage of foster homes
86333	Mayer	10	5	8	-3	Shortage of foster homes
86334	Paulden	3	2	3	-1	Balance of foster homes and children
86335	Rimrock	4	5	3	2	Balance of foster homes and children
86337	Seligman	0	1	0	1	No children removed
86336	Sedona	8	1	5	-4	Shortage of foster homes
86351	Sedona	3	0	3	-3	Shortage of foster homes
86343	Crown King	0	0	0	0	No children removed

Source: Department of Economic Security, *Foster Home Recruitment*

Problems with the foster care system have led to efforts at reform. Efforts have included new methods for keeping children safe in their own homes, provision

of kinship care, and family foster care.²⁴ The Department of Economic Security is working to embed the Casey Foundation's Family to Family initiative into Arizona's child welfare practice. This is a nationwide child welfare initiative, and one of the core strategies in the recruitment, development and support of resource families that focuses on finding and maintaining kinship and foster families who can support children and families in their own neighborhoods.

Child Injuries

In 2006, Yavapai County hospitals reported 981 emergency room visits for injuries and/or ingestions among birth to three year olds. During the same year, it was estimated that the birth to three population in Yavapai County was 8,479. Therefore, roughly one in 10 children under the age of three had an emergency room visit due to injury or ingestion.

Child Mortality

The infant mortality rate can be an important indicator of the health of communities. In Arizona most infant deaths are caused by a health condition that was present at birth. Infant mortality is higher for children whose mothers begin prenatal care late or have none at all; do not complete high school; are unmarried; smoke during pregnancy; or are teenagers.²⁵ Children living in poverty are more likely to die in their first year of life from health conditions such as asthma, cancer, congenital anomalies, and heart disease.²⁶

In 2006, there was a dramatic increase in infant deaths in the county. The 19 deaths were nearly twice as many as had occurred in the previous year, and three times as many as had occurred in 2004.

Leading Causes of Death Among Infants – Yavapai County

	2004	2005	2006
Conditions Originating in the Perinatal Period	0	3	10
Congenital Malformations	6	4	4
Sudden Infant Death Syndrome	0	0	1
Influenza & Pneumonia	0	1	2
Assault (homicide)	0	0	1
Other Ill-Defined and Unspecified Causes of Mortality	0	2	1
TOTAL	6	10	19

Source: ADHS, *Arizona Health Status and Vital Statistics, Table 5E-20 Leading Causes of Infant Death by County of Residence, Arizona 2004 – 2006*.

24 Family to Family Tools for Rebuilding Foster Care, A Project of the Annie E. Casey Foundation July 2001.

25 Mathews, T. J., MacDorman, M. F., & Menacker, F. Infant mortality statistics from the 1999 period linked birth/infant death data set. In *National vital statistics report* (Vol. 50), National Center for Health Statistics.

26 Chen, E., Matthews, K.A., & Boyce, W.T. Socioeconomic differences in children's health: How and why do these relationships change with age? *Psychological Bulletin*, 129, 2002, 29-329; Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from childhood leukemia depending on socioeconomic status in Athens. *Oncology*, 51, 1994, 391-395; Vagero, D., & Ostberg, V. Mortality among children and young persons in Sweden in relation to childhood socioeconomic group. *Journal of Epidemiology and Community Health*, 43, 1989, 280-284; Weiss, K.B., Gergen, P.J., Wagener, D.K., Breathing better or wheezing worse? The changing epidemiology of asthma morbidity and mortality. *Annual Review of Public Health*, 1993, 491-513.

The number of deaths for older children, one to 14 years, has remained fairly constant at approximately eight per year. Based on information supplied on birth certificates, there is no clear or consistent leading cause of death in this age group.

Leading Causes of Death Among Children (one – 14 years) – Yavapai Region

	2004	2005	2006
Motor Vehicle Accident	1	1	0
Accidental Drowning and Submersion	2	0	1
Other Unintentional Injury	1	1	2
Malignant Neoplasms	0	0	1
Assault (homicide)	0	2	0
Intentional Self-Harm (suicide)	1	2	2
Influenza and Pneumonia	1	0	0
Asthma	0	0	1
Unknown	2	3	0
TOTAL	8	9	7

Source: ADHS, *Arizona Health Status and Vital Statistics, Table 5E-25 Leading Causes of Death Among Children (1 – 14 years) by County of Residence, Arizona 2004 – 2006*.

Additional information concerning deaths of children is collected annually by Child Fatality Review Teams. The 2006 data is compiled in a composite report for both Yavapai and Coconino Counties. During 2006, there were 59 deaths among children birth through 17 years of age in Coconino (26 deaths) and Yavapai County (33 deaths). Males were disproportionately represented among childhood deaths with 58 percent of the deaths overall.

Natural deaths (medical conditions, congenital anomalies, prematurity) accounted for 51 percent of all fatalities of children who resided in Coconino and Yavapai Counties.

Cause and Manner of Death, Birth through 17 Years, Coconino and Yavapai Counties, 2006

	Accident	Homicide	Natural	Suicide	Undetermined	Total
Medical*			21			21
Prematurity			9			9
MVC	12					12
Hanging				3		3
Blunt Force Trauma		1				1
Firearm				2		2
Poisoning				1		1
Drowning	2					2
Fire/burns	1					1
Other Injury	1	2			2	5
Strangulation	1					1
Undetermined					1	1
Total	17	3	30	6	3	59
Percent of Total	29%	5%	51%	10%	5%	100%

*Excluding SIDS and prematurity.

Source: *Child Fatality Review Report, Coconino and Yavapai Counties, 2006*

Child Fatality Review Teams consider a child's death preventable if an individual or the community could reasonably have done something that would have changed the circumstances that led to the child's death. The local Child Fatality Review Teams determined that 26 (44 percent) of the deaths of children who were residents of Coconino and Yavapai Counties were preventable in 2006.

Contributing Factors for Deaths among Children, Birth through 17 Years, Coconino and Yavapai Counties, 2005 – 2006

	2005	2006
Lack of Parenting Skills	10	0
Drugs/Alcohol	8	8
Lack of Supervision	7	5
Unsafe Infant Sleep Environment	0	7
Lack of Vehicle Restraint	0	6

Source: *Child Fatality Review Report, Coconino and Yavapai Counties, 2005 & 2006*

Manner of Death, Birth through 17 Years, Coconino and Yavapai Counties Compared to Other Arizona Counties, 2006

Coconino and Yavapai Counties (n=59)		Arizona, excluding Coconino and Yavapai Counties (n=1,031)	
Manner	Percent of Total	Manner	Percent of Total
Natural	51%	Natural	66%
Accident	29%	Accident	21%
Suicide	10%	Suicide	6%
Homicide	5%	Homicide	4%
Undetermined	5%	Undetermined	3%

Source: *Child Fatality Review Report, Coconino and Yavapai Counties, 2006*

The comparison of manner of death reveals that a larger percentage of childhood deaths were due to accidents, suicides, homicides and undetermined manner for Coconino and Yavapai Counties than for the remainder of Arizona.

Children's Educational Attainment

School Readiness

Early childhood programs can promote successful school readiness especially for children in low-income families. Research studies on early intervention programs for low income children have found that participation in educational programs prior to kindergarten is related to improved school performance in the early years.²⁷ Long-term studies have documented early childhood programs with positive impact

²⁷ Lee, V. E., Brooks-Gunn, J., Shnur, E., & Liaw, F. R. Are Head Start effects sustained? A longitudinal follow-up comparison of disadvantaged children attending Head Start, no preschool, and other preschool programs. *Child Development*, 61, 1990, 495-507; National Research Council and Institute Medicine, *From neurons to neighborhoods: The science of early childhood development*; Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology*, 30, 1994, 787-804.

evident in the adolescent and adult years.²⁸ Lastly research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.²⁹

Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to 10 by memory or identifying the letters of the alphabet. Preparedness for school includes the ability to problem-solve, demonstrate self-confidence, use appropriate group behaviors, and persist at a task. While experts identify such skills as being essential to school readiness, the difficulty comes in attempting to quantify and measure these more comprehensive ideas of readiness. In addition, most scholarly definitions about school readiness also address the need for the school to be ready to meet the instructional, social and personal needs of every child who enters kindergarten. The field continues to struggle with these concepts, and in Arizona, there is no single, agreed upon definition of school readiness.

Many assessments have been developed to look at children's growth across developmental domains such as language, social-emotional development, physical development, and behavior. But currently such assessments can only serve as proxy measures of school readiness. Standardized testing instruments that measure children's developmental domains have not been validated as actual predictors of school success. Rather, such measures' intended purposes are to identify children's current levels of development in relationship to other children of the same age and expected developmental milestones. In school settings throughout Arizona, these assessments are most often used to screen for children who may be in need of additional educational supports. Some districts in Yavapai County also use such assessments to gather an initial understanding of children's development as they enter preschool to best design programming and instruction. These tools, however, are not designed to measure progress, and without clear agreement as to exactly what is necessary for a child to be ready for school success, measuring children's progress toward readiness remains a challenge.

An area around which to begin thinking about school readiness is with the Arizona Early Learning Standards (an agreed upon set of concepts and skills that children can and should be ready to do at the start of kindergarten). Although Arizona's standards (like all state's early learning standards) have not yet been validated as a set of school readiness skills, it is the one agreed upon group of skills and concepts that Arizona children should have and know upon kindergarten entry. Because the Arizona Early Learning Standards align closely with Arizona's Kindergarten Academic Standards, there is a logical connection between the Early Learning Standards and kindergarten readiness.

These Early Learning Standards, developed by a cross-section of Arizona educators and coordinated by the Department of Education, are presently required for use in Arizona Department of Education (ADE) administered preschool programs, such as Early Childhood Block Grant, Title I Even Start and early childhood special

28 Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C.T. The development of cognitive and academic abilities; Growth curves from an early childhood educational experiment. *Developmental Psychology*, 37, 2001, 231-242.

29 Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al *The children of the cost, quality, and outcomes study go to school: Technical report*, 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

education preschools. Additionally, ADE requires these specific programs to utilize four state-approved progress monitoring assessment systems to determine children's progress and status at the middle and end of preschool. These particular assessments are considered valid measures of the Early Learning Standards although they are not norm-referenced tools. Therefore, they are not intended to be used to compare children to one another – only to measure individual child growth. Data around individual child progress is currently collected by ADE, but is in the process of being reviewed for reliability and accuracy. Therefore, this data is not yet available to be included in this report.

Two instruments that are used frequently across Arizona schools for formative (ongoing and used to guide instruction) assessment are the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) and the AIMS. These two assessments are often used to identify children's early literacy skills upon entry to school and to identify the need for interventions in reading throughout the year. At the kindergarten level the DIBELS and AIMS test only a small set of skills around letter knowledge without assessing other areas of children's language and literacy development such as vocabulary and print awareness. Additionally, neither the DIBELS nor the AIMS measure other important skill sets around social emotional development, math, or science.

While the results of the DIBELS and AIMS assessments do not reflect children's full range of skills and understanding in the area of language and literacy, they do provide a snapshot of children's learning as they enter and exit kindergarten. Since all schools do not administer the assessment in the same manner, comparisons across communities should not be made.

In the specific area of language and literacy development assessed, the data from both DIBELS and AIMS systems indicate that only a small percentage of children entering kindergarten were meeting the benchmark standard. However, in most cases, significant improvements are noted in the end of year scores.

Kindergarten Basic Early Literacy as Measured by DIBELS or AIMS

	Beginning of the Year			End of the Year		
	Percent Intensive	Percent Strategic	Percent Benchmark	Percent Intensive	Percent Strategic	Percent Benchmark
Ash Fork Joint Unified	57.1	38.1	4.8	9.5	19.0	71.4
Bagdad Unified	NR	NR	NR	NR	NR	NR
Beaver Creek *	70	18	12	22	28	50
Camp Verde Unified	42	28	21	29	17	51
Canon Elementary	NR	NR	NR	NR	NR	NR
Chino Valley Unified	45.3	43.0	11.6	18.6	15.1	66.3
Clarkdale-Jerome	18	41	41	3	8	89
Congress Elementary	NR	NR	NR	NR	NR	NR
Cottonwood – Oak Creek Elementary **	47	32	21	--	--	--
Crown King Elementary	NA	NA	NA	NA	NA	NA
Hillside Elementary	NA	NA	NA	NA	NA	NA
Humboldt Unified	45.1	39.5	15.4	16.0	15.4	68.5
Kirkland Elementary	NR	NR	NR	NR	NR	NR
Mayer Unified	NR	NR	NR	NR	NR	NR
Prescott Unified *	68	18	14	20	30	48
Sedona/Oak Creek: Big Park Community School & West Sedona School	45	21	34	20	13	67
	42	37	21	NR	NR	NR
Seligman Unified	37.5	37.5	25.0	12.5	25.0	62.5
Skull Valley Elementary	NA	NA	NA	NA	NA	NA
Yarnell Elementary	NA	NA	NA	NA	NA	NA

Data is for 2006/2007 school year unless otherwise noted. * = 2007/2008 data, ** = 2008-2009 data. NA is used when data have not been published to protect student privacy in districts in which fewer than 10 students took the exam. NR indicates that data was not obtained from a district.

Elementary Education

Children who cannot read well by fourth grade are more likely to miss school, experience behavior problems, and perform poorly on standardized tests. The performance of Arizona's children on standardized tests continually lags behind that of the nation.

In the Yavapai region, standardized test scores suggest that many elementary children are not performing well on standardized tests. Data from the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA) assessment measures third grade student's levels of proficiency in mathematics, reading, and writing and provides each student's national percentile rankings in mathematics, reading and writing.³⁰

The chart below shows the percent of students in third grade who fell far below (FFB), approached (A), met (M), and exceeded (E) the standards in math, reading and writing in the elementary school districts in Yavapai County in 2007. For example, 7 percent of third grade students attending Ash Fork Joint Unified School District fell far below the standard in mathematics but none fell far below the standard in reading.

30 Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.

Yavapai AIMS DPA 3rd Grade Score Achievement Levels in Mathematics, Reading, and Writing

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
Ash Fork Joint Unified	7%	33%	53%	7%	0%	33%	67%	0	0%	7%	93%	0%
Bagdad Unified	14%	24%	62%	0%	14%	33%	48%	5%	10%	29%	57%	5%
Beaver Creek Elementary	11%	37%	42%	11%	11%	58%	24%	8%	11%	18%	71%	0%
Camp Verde Unified	9%	23%	59%	9%	2%	29%	64%	5%	4%	15%	72%	8%
Canon Elementary	11%	6%	67%	17%	6%	6%	72%	17%	11%	11%	67%	11%
Chino Valley Unified	4%	16%	62%	18%	4%	27%	56%	13%	1%	7%	73%	19%
Clarkdale-Jerome Elementary	2%	3%	63%	32%	2%	7%	69%	22%	0%	0%	80%	20%
Congress Elementary	0%	7%	60%	33%	0%	13%	53%	33%	13%	0%	53%	33%
Cottonwood-Oak Creek Elementary	7%	20%	56%	17%	6%	22%	63%	10%	5%	14%	68%	13%
Crown King Elementary	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Hillside Elementary	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Humboldt Unified	5%	15%	61%	18%	3%	21%	67%	10%	3%	10%	71%	17%
Kirkland Elementary	0%	17%	67%	17%	0%	42%	42%	17%	0%	17%	75%	8%
Mayer Unified	11%	28%	51%	11%	6%	38%	52%	4%	8%	23%	60%	8%
Prescott Unified	3%	11%	56%	30%	1%	11%	66%	21%	1%	3%	70%	27%
Sedona-Oak Creek Joint Unified	5%	17%	52%	26%	2%	14%	66%	17%	6%	10%	57%	27%
Seligman Unified	18%	36%	45%	0%	0%	45%	55%	0%	36%	18%	45%	0%
Skull Valley Elementary	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Yarnell Elementary	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
STATEWIDE	9%	17%	54%	20%	6%	23%	59%	13%	5%	13%	6%	16%

Source: Arizona Department of Education AIMS Spring 2007 Grade 03 Summary

NA is used when data have not been published to protect student privacy in districts in which fewer than 10 students took the exam. FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard

Secondary Education

The completion of high school is a critical juncture in a young adult's life. Students who stay in school and take challenging coursework tend to continue their education, stay out of jail, and earn significantly higher wages than their non-graduating counterparts.³¹ In the Yavapai Region, high school graduation rates vary by school district and year of graduation. Furthermore, graduation rates are likely to vary according to race and gender. In the case of small high school districts, percentages of high school graduates are more easily skewed by small cohort sizes.

³¹ Sigelman, C. K., & Rider, E. A., *Life-span development*, 2003, Pacific Grove, CA: Wadsworth.

Arizona and U.S. High School Graduation Rates*

	2004	2005	2006
Yavapai County	70%	75%	62%
Arizona	77%	74%	70%
U.S.	74%	75%	74%

*measured using a four year cohort of students Source: Arizona Department of Education; National Center for Education Statistics

Many teen mothers do not graduate from high school. Dropout prevention studies consistently identify the need for high-quality early childhood education programs for children of teen mothers to increase the likelihood that teen mothers will graduate from high school. Additionally, quality early childhood education programs improve the likelihood that children of teenage mothers will have successful early childhood outcomes themselves.

High School Graduation Rates—Selected Communities in Yavapai Region – 2006

Yavapai High School Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Ash Fork Joint Unified (N=1)	10	15	67%
Bagdad Union (N=1)	18	20	90%
Camp Verde Unified (N=3)	181	276	66%
Humboldt Unified (N=1)	169	287	59%
Mayer Unified (N=1)	17	27	63%
Mingus Union (N=1)	208	272	76%
Prescott Unified (N=1)	340	403	84%
Sedona-Oak Creek Joint Unified (N=1)	126	149	85%
Seligman Unified (N=1)	16	22	73%
Arizona	50,355	71,691	70%
United States	N/A	N/A	N/A

High School Graduation Rates—Selected Communities in Yavapai Region – 2004

Yavapai High School Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Ash Fork Joint Unified (N=1)	N/A	N/A	N/A
Bagdad Union (N=1)	27	28	96%
Camp Verde Unified (N=1)	88	115	77%
Humboldt Unified (N=1)	214	319	67%
Mayer Unified (N=1)	34	49	69%
Mingus Union (N=1)	226	283	80%
Prescott Unified (N=1)	N/A	N/A	N/A
Sedona-Oak Creek Joint Unified (N=1)	113	132	86%
Seligman Unified (N=1)	8	11	73%
Arizona	50,355	71,691	70%
United States	N/A	N/A	N/A

Source: Arizona Department of Education, and National Center for Education Statistics.

Current Regional Early Childhood Development and Health System

Quality

Families use many criteria to make decisions about care for their children. Factors of importance include: cost; proximity to home or work; and recommendations from friends, family or acquaintances. Parents also use personal assessments of the center or home's environment and interaction between themselves, caregivers, and children.

States have been increasingly concerned about creating high quality early care and education. The need for child care is growing. Today, a majority of children ages birth to six years of age participate in regular, nonparent childcare. Thirty-four percent participated in some type of center-based program.³² In addition, research on the positive effects of early education has led to increased emphasis on quality early education. Research has found that high quality childcare can be associated with many positive outcomes including language development and school readiness.³³

Currently there is no commonly agreed upon set of indicators of quality for early care and education in Arizona. The Board of First Things First approved funding in March 2008 for the development and implementation of a statewide quality improvement and rating system. Named Quality First!, this system, which will take effect in 2010, sets standards of quality for Arizona. It will assist families and community members, as well as providers, identify what quality child care looks like and which providers offer quality care. This system will be a statewide asset upon which regions can build when addressing quality.

Licensure

Licensure or regulation by the Departments of Health Services or Economic Security ensures completion of background checks of all staff or childcare providers, and requires tracking of staff training hours related to early care and education, as well as basic first aid and cardiopulmonary resuscitation (CPR). Additionally, periodic inspections and monitoring ensure that facilities conform to basic safety standards. Licensed centers have been granted the ability to operate a safe and healthy childcare center by the Arizona Department of Health Services (ADHS). Small group homes are also licensed by ADHS to operate safe and healthy childcare homes. Approved family childcare homes are either certified or regulated by the Arizona Department of Economic Security (DES) to provide care, or are approved by agencies to participate in the Arizona Department of Education Child and Adult Care Food Program.

While licensure and regulation by the DES and ADHS are a critical foundation for the provision of quality care for young children, these processes do not address curricula, interaction of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal requirements. These important factors in quality care are provided through national accreditation and will be included in First Things First's Quality Improvement and Rating System.

³² Federal interagency forum on child and family statistics. *America's children: Key national indicators of well-being, 2002*. Washington DC.

³³ NICHD Early Child Care Research Network, The relation of child care to cognitive and language development, *Child Development, 2000*, 71, 960-980.

Accredited Early Child Care Centers

Until statewide quality indicators are established, accreditation by various national accrediting bodies provides the best available information on quality early child care and education. While not all accrediting bodies measure the same indicators of quality in the same way, reviewing accreditation status provides a reflection of the availability of quality care in the area. National accrediting organizations approved by the Arizona State Board of Education include:

- Association Montessori International/USA (AMI),
- American Montessori Society (AMS)
- Association of Christian Schools International (ACSI)
- National Accreditation Commission for Early Care and Education (NAC)
- National Association for the Education of Young Children (NAEYC)
- National Association for Family Child Care (NAFCC)
- National Early Childhood Program Accreditation (NECPA)

There are six accredited early education programs in the Yavapai Region. This represent only 7.7 percent of all licensed centers in the region (n=78). Statewide, 22 percent of early care and education centers are accredited.³⁴ The Yavapai Region has very few early care and education centers that have chosen to become accredited. While this is not an absolute measurement of quality, (additional centers may be newly opened, in the process of meeting accreditation standards, or implementing quality standards without applying for accreditation) it is the only objective criteria that parents have when evaluating a center for their children.

Interestingly, the accredited centers are located throughout the Region, with one in each of the following communities – Chino Valley, Cottonwood, Sedona, and Clarkdale. There are two accredited centers in Prescott. Three of the accredited centers are preschools that provide services only to three to five year olds. The remaining three are Head Start centers which limit enrollment based on income. A limited number of infants and toddlers receive services through Early Head Start. However, these services are home-based and do not fulfill the childcare needs of working parents. Therefore, there are no accredited center-based early care and education settings for infants or toddlers in the Region.

Yavapai Region: Number of Accredited Early Care and Education Centers

	AMI/ AMS	ACSI	NAC	NAEYC	NECPA	NAFCC Homes
Number of Accredited Centers	1	1		4		

Sources: NAEYC, AMI, AMS, ACSI, NAC, NECPA, NAFCC, lists of accredited providers.

There are a total of nine Head Start centers in the region. Three have accreditation by NAEYC. The remaining six, while not formally accredited, meet a strict set of requirements of the federal government.

34 National Association of Child Care Resource and Referral Agencies, <http://www.naccrra.org/randd/data/docs/AZ.pdf>.

Ratios and Group Sizes

In addition to offering accreditation to early care and education programs, the National Association for the Education of Young Children (NAEYC) is involved in developing position statements around significant early childhood development issues. One area in which NAEYC has published recommendations for the industry is in group sizes and staff to child ratios. Both factors have been shown to be significant predictors of high quality. Other national accreditation systems vary in the recommended ratios and group sizes.³⁵

An Early Childhood Education Center survey was administered to the six accredited centers in the region to determine enrollment, and staff to child ratios. Information was obtained from four of the six accredited centers in the Yavapai region.

Accredited Centers: Enrollment, Staff to Child Ratios

Accredited Centers	Ages	Enrollment	Capacity	Staff to Child Ratios
Yavapai Head Start	0-3	11	11	n/a – Home-based
	1-5	55	55	1-3yrs / 4:8 3-5yrs / 2:18
St. Luke's School	3-5	37	40	3-5yrs / 2:20
Cougar Lane Preschool	3-5	49	60	3-5yrs / 8:30
Sedona Head Start	3-5	66	66	1:13
Cottonwood Head Start	n/a	n/a	n/a	n/a
Christian Academy	n/a	n/a	n/a	n/a

Source: Yavapai Region, Early Childhood Education Center Survey, June – August 2008.

NAEYC Staff to Child Ratio Guidelines

NAEYC Staff to Child Ratio Recommendations	Group Size									
	6	8	10	12	14	16	18	20	22	24
Infants (0-15 months)	1:3	1:4								
Toddlers (12-28 months)	1:3	1:4	1:4	1:4						
Toddlers (21-36 months)		1:4	1:5	1:6						
Pre-school (2.5 to 3 years)				1:6	1:7	1:8	1:9			
Pre-school (4 years)						1:8	1:9	1:10		
Pre-school (5 years)								1:10	1:11	1:12

Source: NAEYC Accreditation Criteria

Source: National Association for the Education of Young Children <http://www.naeyc.org>,

Access

Determining the accessibility of early care and education services is a complex issue. Availability and access are affected by various factors, including: the number of early care and education centers or homes; the number of children they are able to serve; the ages of children they can care for; the overall demand for services and whether a

³⁵ NAEYC standards here are used to provide a context for high standards. It is not presumed that all centers should become NAEYC accredited

family must wait for an available opening (waiting lists); eligibility criterion; location of center in relation to home or parent's place of work; and affordability. For the current Needs and Assets report for the Yavapai Region, available data include: number of early care and education programs by type, location of early education centers, number of children enrolled in early care and education by type, and average cost of early care and education to families by type. Information is generally only available for those child care and early education programs which are regulated (licensed or certified) by the state.

Number of Early Care and Education Programs

The Yavapai region has a network of programs for young children, including: school district preschool programs for children with special needs (IDEA) ages three to five; school district preschool programs for four year old children; Head Start and Early Head Start programs for children meeting the federal income guidelines and age requirements (these programs provide health and social in addition to developmental services); and regulated (licensed or certified) center based and home based programs. In addition, there are unregulated programs that provide home based care.

In the Yavapai Region there are 78 licensed early care and education providers. There are an additional 29 providers registered with Child Care Resource and Referral (CCR&R) that are not licensed. There are 13 unlicensed family child care providers listed with CCR&R. These family child care providers are either certified or regulated by DES to provide care, or are approved by agencies to participate in the Arizona Department of Education Child and Adult Care Food Programs.

Number of Early Care and Education Programs by Type, Yavapai Region – 2008

Program Type	#	Notes
Child Care Centers	70	Includes: 70 licensed, of which nine are Head Start, six are accredited, & 55 registered with CCR&R
Small Group Home	24	Includes: eight licensed, 16 certified by DES
Approved Family Child Care Providers	13	Includes: 13 registered with CCR&R, including two nannies
TOTAL	107	

Source: ADHS, *Licensed Child Care Providers, and Child Care Resource and Referral Data Report, June 2008*.

Registration with Child Care Resource and Referral (CCR&R) is voluntary; however, those child care providers receiving Department of Economic Security subsidy or regulation are required to register. Information provided by the Child Care Resource and Referral includes, but is not limited to: type of care provider, license or regulation information, total capacity, total vacancies, days of care, and rates for care. Because registration is voluntary, not all care providers report all information.

Number and Availability of Infant Care and Toddler Programs

Program Type	Under One Year	One Year	Two Years
Family Child Care Provider	33	33	33
Child Care Center	15	15	26

Source: *Child Care Resource and Referral Data Report, June 2008*

Location of Early Care and Education Programs

There are many communities throughout the region that have no licensed early care and education providers. Other communities have so few providers that parents have little choice when making early care and education decisions. The large physical distances between communities results in many families having limited access to early care and education services. Transportation within the region presents challenges and creates an additional burden for families to handle in determining their childcare options. In a recent survey of providers of services for young children, seven of 19 participants identified transportation as a barrier affecting access.³⁶

Number of Licensed Early Care and Education Programs by Location, Yavapai Region – 2008

Community	#	Community	#
Central Yavapai	47	Verde Valley	28
Prescott	23	Camp Verde	5
Prescott Valley	18	Cottonwood	18
Chino Valley	5	Clarkdale	2
Mayer	1	Sedona	1
Ash Fork	1	Cornville	1
Black Canyon City	1	Rimrock	1
Bagdad	1		

Source: ADHS, *Licensed Child Care Providers*. Information is not available for unlicensed providers.

Capacity of Early Care and Education Programs

The only identified source of information about the number of children enrolled in early care and education programs in the Yavapai Region is the 2006 DES Child Care Market Rate Survey. The information indicates that only 60 percent of the child care capacity is utilized. The numbers do not account for children cared for in unregulated care, or in care which is provided by family or friends.

The information about capacity provided does not correlate with information from parents and providers throughout the region who report that adequate capacity is not available. A national study states that 34 percent of children utilize center-based care. Therefore, a conservative estimate is that 4,917 children in the region need out-of-home child care. Current data indicates that the approved capacity in licensed and regulated centers and homes is 4,515. In the Verde Valley, one mother, with infant twins, had to place her babies at two separate centers because of capacity issues. Additional key informant interviews further substantiate the fact that there is not adequate capacity for child care throughout the region.

³⁶ Yavapai Communities for Young Children, Asset Mapping work Group, June 6, 2008.

Number of Children Enrolled in Early Care and Education Programs by Type – Yavapai County

	Licensed Centers	Groups Homes	Approved Family Child Care Homes	Providers registered with Child Care Resource and Referral	Total
Approved capacity	4089	45	377	4	4515
Average daily number served	2329	4	331	19	2715

*Capacity refers to the total capacity of a physical site and does not necessarily reflect the size of the actual program in that site. Source: *DES Child Care Market Rate Survey 2006*

Other key informants, however, do not doubt that there is available capacity in the region. The issue of available capacity, they believe, is community specific and related to perceptions of quality. Certain communities will have available child care openings while others do not. In order to be useful, capacity information needs to be evaluated within smaller geographic areas than the region as a whole. Additionally, parents who want their children to have a quality early education experience, and are not in need of general childcare, report a lack of available openings in specific high-quality centers. The lack of clarity about the availability of early care and education points to the need for more information and additional analysis within the region.

Costs of Care

The cost of child care can be a considerable burden for Arizona families. Yearly fees for child care in the state of Arizona range from almost \$8000 for an infant in a licensed center to about \$5900 for before and after school care in a family child care home. This represents about 12 percent of the median family income of an Arizona married couple with children under 18. It represents 22-30 percent of the median income of a single parent female headed family in Arizona.

Child Care Costs and Family Incomes	AZ	U.S.
Average, annual fees paid for full-time center care for an infant	\$7,974	\$4,542-\$14,591
Average, annual fees paid for full-time center care for 4-year-old	\$6,390	\$3,380-\$10,787
Average, annual fees paid for full-time care for an infant in a family child care home	\$6,249	\$3,900-\$9,630
Average, annual fees paid for full-time care for a 4-year-old in a family child care home	\$6,046	\$3,380-\$9,164
Average, annual fees paid for before and after school care for a schoolage child in a center	\$6,240	\$2,500-\$8,600
Average, annual fees paid for before and after school care for a schoolage child in a family child care home	\$5,884	\$2,080-\$7,648
Median annual family income of married-couple families with children under 18	\$66,624	\$72,948
Cost of full-time care for an infant in a center, as percent of median income for married-couple families with children under 18	12%	7.5%-16.9%
Median annual family income of single parent (female headed) families with children under 18	\$26,201	\$23,008
Cost of full-time care for an infant in a center, as percent of median income for single parent (female headed) families with children under 18	30%	25%-57%

NACCRRRA fact sheet: 2008 Child Care in the State of Arizona. <http://www.naccrra.org/randd/data/docs/AZ.pdf>

Child care rates are expensive for most of the regulated child care centers or pre-school settings, with exception of Head Start and school district based programs. The table below presents the average cost for families, by type, of early care and education. These data were collected in the Department of Economic Security's Market Rate survey, by making phone calls to care providers asking for the average charge for care for different ages of children. In general, it can be noted that care is more expensive for younger children. Infant care is more costly for parents, because ratios of staff to children are usually lower for very young children and the care of very young children demands care provider skill sets that are unique. Clearly these costs present challenges for families, especially those at the lowest income levels.

In the Yavapai Region, childcare rates are most expensive for licensed centers when compared with other settings. Costs for infants are higher than care for older children.

Costs of Early Care and Education in Yavapai County – 2006

	Infant	Toddler	Preschooler
Group Homes	\$26.00 per day	\$24.50 per day	\$24.50 per day
Licensed Centers	\$29.27 per day	\$22.53 per day	\$24.50 per day
In-Home Care	\$25.00 per day	\$20.00 per day	\$20.00 per day
Certified Homes	\$25.22 per day	\$23.44 per day	\$23.10 per day
Alternately Approved Homes	\$21.64 per day	\$20.65 per day	\$20.00 per day
Unregulated Homes	\$25.00 per day	\$25.00 per day	\$25.00 per day

Sources: 2006 DES Market Rate Study

As with many other services, cost of early care and education often is directly related to the quality of care. Providers of care and education struggle with the balance of providing a service that families can afford. Increased quality often requires more employees, higher qualifications, increased training and better employee compensation. These are expensive business practices and demand increased compensation to the child care or program provider – costs that are typically a heavy burden for families with young children.

Health

For families and their children, good health, beginning with a healthy pregnancy and birth is an essential element that is closely tied to a child's future success. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social and emotional well being necessary for them to succeed when they reach school age. Children's healthy development benefits from access to comprehensive preventive and primary health services that include screening and early identification for developmental milestones, vision, hearing, oral health, nutrition and exercise, and social-emotional health. Previous sections of this report presented data on prenatal care, health insurance coverage and oral health for the Yavapai Region.

Prenatal Care

Access to prenatal services for low income women throughout the region is limited. Pregnant women with income up to 150 percent of the federal poverty level are

eligible for health insurance coverage under AHCCCS. Through the Baby Arizona program they are able to begin prenatal care while their application is being processed. In 2006, in Arizona, 54 percent of all births were paid for by a public source, such as AHCCCS. In the Yavapai Region, however, 64 percent of births in 2006 were paid by a public source.³⁷

Women who begin their prenatal care through Baby Arizona and then are found to be ineligible for AHCCCS are required to pay all costs associated with their prenatal care. Most obstetrical groups in the region require full payment for prenatal services at the first appointment. A number of practices that had accepted payment plans in the past discontinued the practice in 2006. Additionally, the Community Health Center of Yavapai discontinued reduced-cost prenatal care in October 2006 for operational reasons. For eighteen months, low-income, uninsured patients of the community health center were referred to private providers who charged full fees.

Beginning in May 2008, prenatal services for low-income women again became available at the Community Health Center. Patients are assessed a \$500 fee for lab work, ultrasound and prenatal visits. This service is available for routine pregnancies only. High-risk patients, those needing prenatal care the most, are referred to local providers where they pay the full amount.

Teen Pregnancy

The teen birth rate for Yavapai County is 49.1 births per 1,000 females 15 – 19 years of age. Although teen birth rates in the U.S. have steadily declined during the past 10 years, Arizona is among states with the highest teen birth rates in the nation.³⁸ According to data from the Arizona Department of Health Services, Arizona's teen births, at 59.6 births per 1,000 females 15-19 years of age, is well above the U.S. rate of 41.9. The teen birth rate in Yavapai County is greater than the teen birth rate for the Nation. It is the fifth best rate among Arizona's fifteen counties.

Babies born to teenagers, especially those seventeen and younger, are more likely to be born at low birth-weight. Teens are less likely to begin prenatal care in the first three months of pregnancy and to have the recommended number of prenatal visits. Once a young woman becomes pregnant, the risk of a second pregnancy increases. About one-third of adolescent mothers have a repeat pregnancy within two years.³⁹ A repeat teen birth comes with a significant cost to the teenage mothers themselves and to society at large. Teen mothers who have repeat births, especially closely spaced births, are less likely to graduate from high school and more likely to live in poverty and receive welfare when compared to teen parents who have only one child.⁴⁰ From 2000 to 2006, approximately 22 percent of births to teen mothers in Arizona were the mother's second child.⁴¹ Of the 353 births to teens in the Yavapai Region in 2006, 97 (27.5 percent) were to young women with one or more prior pregnancy.⁴²

37 ADHS, Arizona Health Status and Vital Statistics, Selected Characteristics of Newborns and Mothers, 2006.

38 CDC, NCHS, National Vital Statistics Reports, Volume 56, Number 6, December 5, 2007.

39 Kaplan, P.S., *Adolescence*, Boston, MA, 2004.

40 Manlove, J., Mariner, C., & Romano, A. (1998). *Positive educational outcomes among school-age mothers*. Washington, DC: Child Trends.

41 Annie E. Casey Foundation. Kids Count Indicator Brief: Preventing Teen Births, 2003.

42 ADHS, Arizona Health Status and Vital Statistics.

Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at nine, 18, and 24 months with a valid and reliable screening instrument. Providing special needs children with supports and services early in life leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhanced developmental outcomes and reduced developmental problems.⁴³ For example, children with autism, identified early and enrolled in early intervention programs, show significant improvements in their language, cognitive, social, and motor skills, as well as in their future educational placement.⁴⁴

Parents' access to services is a significant issue, as parents may experience barriers to obtaining referrals for young children with special needs. This can be an issue if, for example, an early childcare provider cannot identify children with special needs correctly.⁴⁵

While recommended, all Arizona children are not routinely screened for developmental delays although nearly half of parents nationally have concerns about their young child's behavior (48 percent), speech (45 percent), or social development (42 percent).⁴⁶ Children most likely to be screened include those that need neonatal intensive care at birth. These babies are all referred for screening and families receive follow-up services through Arizona's High Risk Perinatal Program administered through county Health Departments.

Every state is required to have a system in place to find and refer children with developmental delays to intervention and treatment services. The federal Individuals with Disabilities Education Act (IDEA) governs how states and public agencies provide early intervention, special education, and related services. Infants and toddlers with disabilities (birth to age three) and their families receive early intervention services under IDEA Part C. Children and youth (ages three to 21) receive special education and related services under IDEA Part B. Medically necessary intervention services may be provided through AHCCCS or the Division for Developmental Delays (DDD) within the Department of Economic Security.

In Arizona, one of the system components that serves eligible infants and toddlers is the Arizona Early Intervention Program (AzEIP). Eligible children have not reached fifty percent of the developmental milestones expected at their chronological age in one or more of the following areas of childhood development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. Identifying how many children are provided services prior to reaching kindergarten is an important first step in understanding how well a community's screening and identification process is working. Additionally, the number of children being served provides initial

43 Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Early intervention for children with special needs and their families: Findings and recommendations*. 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables related to progress in a parent-infant training program for high-risk infants. 1979, *Journal of Pediatric Psychology*, 4, 409-419.; Zeanah, C. H. *Handbook of infant mental health*, 2000, New York: The Guildford Press.

44 National Research Council, Committee on Educational Interventions for Children with Autism, Division of Behavioral and Social Sciences and Education. *Educating children with autism*. Washington, DC: National Academy Press; 2001.

45 Hendrickson, S., Baldwin, J. H., & Allred, K. W. Factors perceived by mothers as preventing families from obtaining early intervention services for their children with special needs, *Children's Health Care*, 2000, 29, 1-17.

46 Inkelas, M., Regalado, M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005.

information as to the demand for service providers who work with young children.

The following chart shows the number of AZEIP services for children birth to five for children throughout Yavapai County.

Children Birth to Three Years Receiving Developmental Services in Yavapai County

Service Received According to Age Group	2005	2006
AZEIP Screening 0-12 months	12 (0.60%)	9 (0.42%)
AZEIP Screening 13-36 months	116 (2.00%)	131 (2.10%)

Source: Arizona Early Intervention Program, Arizona Department of Health Services

There are many challenges for Arizona's early intervention and special education programs in being able to reach and serve children and parents. Speech, physical, and occupational therapists are in short supply and more acutely so in some areas of the state than others. Families and health care providers are frustrated by the tangle of procedures required by both private insurers and the public system. These problems will require the combined efforts of state and regional stakeholders to arrive at appropriate solutions.

While longer-term solutions to the therapist shortage are developed, parents can be primary advocates for their children to assure that they receive appropriate and timely developmental screenings according to the schedule recommended by the Academy of Pediatrics. Also, any parent who believes their child has delays can contact the Arizona Early Intervention Program or any school district and request that their child be screened. Outreach, information and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and the early intervention system and how it works, are parent support services that each region can provide. These measures, while not solving the problem, will give parents some of the resources to increase the odds that their child will receive timely screening, referrals, and services.

Health Insurance

The number of children in the region having access to medical care or well child visits could not be determined for this report. Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated. Untreated health conditions typically get worse resulting in increased treatment costs.

In Arizona over 38 percent of children who are uninsured all or part of the year, do not receive medical care compared to 15 percent of children who are insured throughout the year. Children are more likely to receive well child visits during the year if they are enrolled in AHCCCS or are enrolled in Head Start.

Percent of Children (birth to 17) Not Receiving Medical Care, 2003

	Insured All Year		Uninsured All or Part of the Year	
	Percent not receiving medical care	Number not receiving medical care	Percent not receiving medical care	Number not receiving medical care
Arizona	14.8%	171,303	38.1%	134,259
US	12.3%	7,635,605	25.6%	2,787,711

Source: Robert Wood Johnson Foundation. *Protecting America's Future: A State-By-State Look at SCHIP and Uninsured Kids*, August 2007.

Additionally, children and families who lack health insurance have reduced access to health care. People who do not have health insurance typically do not receive routine preventive care and postpone care when they are ill. Delayed treatment can result in routine conditions becoming more serious and therefore, more expensive to treat. Current data indicates that 15 percent of children are uninsured in Arizona. While specific data for the Yavapai Region is not available, it is assumed that a comparable percent of children are uninsured in the region. In the Yavapai Region, many parents work in low-paying service sector jobs which typically do not provide employees with health insurance benefits. While earning too much income to qualify for AHCCCS, these families also are unable to afford to pay for health insurance coverage.

Many individuals who do not have health insurance do not have an established relationship with a primary care physician. They often utilize hospital emergency departments for routine care.

Access to Health Care

A combination of factors impact access to health care in the Yavapai Region. First, there is a shortage of medical practitioners in the state and in Yavapai County, specifically. A 2005 study by Arizona State University estimated that the physician-to-population ratio in Yavapai County in 2004-2005 was 161 to 100,000. The national average then was 283 per 100,000. The shortage of medical providers has been exacerbated by population growth resulting in reports of people who are new to the area being unable to locate a primary care provider who will accept new patients. Arizona has limited residency programs for physician training. A white paper developed by Yavapai Regional Medical Center concluded that “it is essential to develop incentives in Arizona to encourage the importation of physicians trained in other states.”

In the Yavapai region, medical providers are located within communities with larger populations leaving many rural residents with the need to travel long distances to see a doctor. The following Primary Care Areas (PCA) have been designated as Health Professional Shortage Areas (HPSA) because they lack an adequate number of local medical providers: Ash Fork (including Seligman), Cordes Junction (including Mayer), Yavapai-South (including the communities of Black Canyon City, Congress, Crown King, Kirkland, Peebles Valley, Wilhoit and Yarnell), Chino Valley (including Paulden and Skull Valley) and the Yavapai-Apache Nation and Yavapai-Prescott Tribe.

The Community Health Center of Yavapai (CHCY) provides reduced cost health care. Fees are based on a sliding fee schedule dependent on the individual's income. Individuals with health insurance, including AHCCCS, can also receive services at the community health center. The community health center has locations in Prescott, Prescott Valley and Cottonwood. Individuals who receive their primary care at the health center are also eligible to receive dental and mental health services at the clinic.

Yavapai Regional Medical Center operates school based clinics at three school sites in western Yavapai County. Services range from treatment of minor illnesses and management of chronic illnesses to lab tests and referral to doctors, dentists and other specialists. The services are free to qualified students and their siblings.

The entire Yavapai County is designated as a federal Medically Underserved Population (MUP) based on the lack of available health care to low-income individuals.

In addition to having an inadequate number of medical providers, there is a shortage of other health professionals throughout the region. In a recent survey of

providers of services for young children, eight of 19 participants commented on the need for additional specialists within the region. Identified by the participants were mental health specialists, speech therapists, developmental specialists, early intervention consultants and health consultants.⁴⁷

Language barriers also limit access to health care in the region. While no specific evidence exists for the region, such evidence does exist statewide. Thirty-seven percent of 788 AHCCCS providers surveyed in 2005 (representing 98 percent of all AHCCCS providers) had no means of understanding their Spanish-speaking patients unless the patient's family member could translate for their relative and the medical provider.⁴⁸ Similarly, a 2007 Commonwealth Fund study found low rates of patient satisfaction among Arizonans, citing cultural competency as one contributing factor.⁴⁹

Lack of health coverage and other factors combine to limit children's access to health services. For example, according to a 2007 report by the Commonwealth Fund, only 36 percent of Arizona children under the age of 17 had a regular doctor and at least one well check visit in the last year. According to the same study, only 55 percent of children who needed behavioral health services received some type of mental health care in 2003.⁵⁰

Oral Health

Following birth, parents support their baby's good oral health by keeping gums clean. When a baby's teeth emerge, parents should also keep them clean. The first oral health visit should be scheduled by age one. Healthy eating, tooth brushing, and oral health checks work together to prevent dental disease and tooth decay that not only affects the health of children into adulthood, but can cause pain and discomfort that interferes with learning.

Immunizations

Childhood immunizations are known to be one of the most cost-effective preventive health measures available. Routine immunizations protect children from 10 diseases and their life threatening complications. The Healthy People 2010 goal is that 90 percent of two year old children are fully immunized.

Although recent data was unavailable for this report, data from 2003 suggest that Yavapai County lags behind the state and nation in percent of immunized two year olds. There is still much to do to reach the 90 percent goal. Parents, especially young parents who have no personal experience with the severe complications of many childhood diseases, lack awareness of the benefits of immunization. Recommended immunizations protect children from polio, diphtheria, tetanus, measles, whooping cough, chicken pox, hepatitis, and mumps.

Free or reduced-price immunizations are available in most communities through public health clinics. Children with health insurance coverage through AHCCCS receive free immunizations from their primary care provider. As with other services,

⁴⁷ Yavapai Communities for Young Children, Assets Mapping Work Group, June 6, 2008.

⁴⁸ 2005 Survey of Arizona Health Care Cost Containment System Providers, Center for Health Information & Research, Arizona State University.

⁴⁹ Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

⁵⁰ Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

access is affected by the distance many families must travel to get to a clinic. One reason it is difficult to get children fully immunized is that the immunization schedule for babies and children is complicated. A fully-immunized two year old will have received 15 immunizations at six separate medical visits, starting at birth. There is little incentive for parents to complete the immunizations on schedule and often this much needed service is postponed. Arizona law requires children entering school be fully immunized. Licensed child care providers must also ensure that children in their care are adequately immunized. A coordinated effort from health and early care and education providers to provide information and education to parents of young children could further improve immunization rates.

Percent of Immunized Two-Year-Olds

Yavapai County	2003
Camp Verde	60.4
Chino Valley	67.8
Clarkdale	44.4
Cottonwood	56.6
Prescott	68.7
Prescott Valley	49.6
Sedona	67.4
Yavapai County	56.0
Arizona	79.8
US	80.3

Source: ADHS Community Health Profiles, 2003

Utilization of WIC and Commodity Supplemental Food Program (CSFP)

In 2006, 5,075 women utilized WIC (Women, Infants and Children Supplemental Nutrition Program) and Commodity Supplemental Food Program (CSFP) while 11,082 were potentially eligible in the Yavapai region. Therefore, only about 46 percent of eligible persons are actively enrolled in the WIC and CSFP programs. The current 2008 caseload is about 4,800. Since October 2007, the WIC and CSFP programs have observed an increase of 8.5 percent in the number of children served by the program. Historically, children drop off the program at about 18 months of age. The infant food package is valued at about \$300 per month, while the child's food package is worth \$55 per month. Historically, families drop out as the food value decreases. However, more families with children are remaining on the program. This may be due to the general economic decline and increasing food costs.⁵¹

Healthy Weight, Nutrition, Physical Activity

Healthy weight and physical activity are important to children's wellness and their long term health. Overweight children tend to have health problems more commonly found in adults like diabetes, high cholesterol and high blood pressure. The percent of young children over weight for height has become a concern to pediatricians and families. A recent national report of children's wellbeing provided data that show that

51 Key Informant Interview, ADHS WIC Program Manager, June 2008.

18 percent of children six to 17 in the nation are overweight⁵² According to National Pediatric Nutrition data (PedNSS) a growing percent of our nation's children younger than age five are overweight.

Attention to healthy weight supported by good nutrition and daily physical activity during early childhood is a key for parents and all of their care givers to support healthy development.

Family Support

Family Support is a broad, hard to define, system of programs, service and collaborations whose ultimate goal is to help families function to their maximum potential. This is accomplished by helping individuals gain the knowledge, skills and abilities to be successful in life. For individuals with children this includes being effective, loving parents who provide a nurturing environment for their children. Children who experience sensitive, responsive care from a parent ultimately perform better academically and emotionally. Children depend on their parents to ensure they live in safe and stimulating environments where they can explore and learn.

Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.⁵³ Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.⁵⁴ Strategies for promoting enhanced development often stress parent-child attachment during infancy and parenting skills.⁵⁵ Parenting behaviors have been shown to impact language acquisition, cognitive stimulation, and promotion of play behaviors—all of which enhance child well being.⁵⁶ Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, prosocial behaviors, and empathic communication.⁵⁷

The new economy has brought changes in the workforce and family life. These changes are causing financial, physical, and emotional stresses in families, particularly low-income families. Many new immigrant families are challenged to raise their children in the face of language and cultural barriers. Regardless of home language and cultural perspective, all families should have access to information about early child development and services that support them in being caring and responsive parents.

52 Child and Family Statistics. *America's Children in Brief: Key National Indicators of Well-Being, 2008*. Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office.

53 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 1994, 17, 251-276; Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology*, 51, 1-27.

54 Baumrind, D. Parenting styles and adolescent development. In J. Brooks-Gunn, R., Lerner, & A. C. Peterson (Eds.), *The encyclopedia of adolescence* (pp. 749-758). New York: Garland; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology*, 51, 1-27.

55 Sroufe, L. A. *Emotional development: The organization of emotional life in the early years*. Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, *American Psychologist*, 44, 112-119.

56 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 1994, 17, 251-276; Snow, C. W., Barnes, W. S., Chandler, J., Goodman, I. F., & Hemphill, J., *Unfulfilled expectations: Home and school influences on literacy*. Cambridge, MA: Harvard University Press.

57 Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends; Sroufe, L. A. *Emotional development: The organization of emotional life in the early years*. Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, *American Psychologist*, 44, 112-119.

Family Support has the potential to impact all of the areas addressed in this report, including economic stability, poverty, health and education. While many family support programs provide service to adults, the benefit gained directly impacts the entire family and society as a whole. Examples of family support programs are those programs and services that: improve a parent's ability to be employed, through job training and education; address a parent's health issues, including mental health and substance abuse, that interfere with employability and healthy family functioning; increase a parent's knowledge of child development and improves their parenting skills; provide emergency supports, such as food banks and shelters; and provide information that assist families access the resources that are available.

For the purposes of this report, family support will be limited to those programs and services that assist individuals become the most successful parents possible. These parent support programs can be classified as: community information and referral about service and programs for families; home visitation programs; and parent education programs.

Community Information and Referral

Family support is a holistic approach to improving the overall wellbeing of young children. In addition to a list of services available to families, such as the licensed child care providers, preschool programs, food programs, and recreational programs, a community that supports children will have informal networks of people and associations that families can join and utilize to build a web of social support.

In the Yavapai Region, the web of social support includes 19 school districts, 19 public libraries, one community college, and a myriad of social service agencies and faith-based communities. The Community Action Teams that connect people and resources through information, education and advocacy for all people with special needs are also a strong thread in the community fabric.

Families and caregivers also seek information on how families can connect with and navigate the myriad of programs that exist in their communities that offer services and supports to young children and their families. Information provided to families needs to be understandable, culturally and geographically relevant, and easily accessible. Traditionally, the information that is available on how to access various services and supports is confusing. There have been no known specific efforts to collect data and measure the level of community awareness of services, resources and support related to early childhood.

There are a number of services that attempt to provide information about and referral to programs and services that support families in the Yavapai Region. These programs all report being stretched beyond their resources with little resources available to maintain up-to-date and accurate information about community programs. *The Big Kids Book*, a book about people and places that help children, youth and their families in the Central Yavapai region is produced annually by the Yavapai County Community Foundation with support by the Kiwanis Club of Prescott. *The Little Kids Book*, a directory of Central Yavapai programs for young children will no longer be published due to lack of resources.

Information from online resource services available to residents of the region is presented in the following table.

Availability and Utilization of Resources and Referral Services – Yavapai Region

Utilization of Child Care Resource and Referral 2004-2008					
Referrals	2004	2005	2006	2007	2008 (Jan-June)
Total Clients	76	136	227	163	54
Total Children	107	207	352	235	73
Utilization of Statewide Information and Referral Sources					
AZ 2-1-1	No data available.				
Birth to Five Helpline	No data available.				
Utilization of United Way Information Network 2007-2008					
	2007			2008 (Jan – June)	
Top 3 Reasons for Calls	Financial Assistance	42%		Financial Assistance	53.0%
	Information only	11%		Transportation	10.5%
	Home Repair Assistance	7%		Housing	8.0%
Total Calls	4,472			1,250	
Locations	The majority of calls (35%) were from Prescott			42% of the calls were from Prescott 33% were from Prescott Valley	

The top concern identified during the 2007 Prescott Community Conversation sponsored by Yavapai County Community Foundation, United Way of Yavapai County, Prescott Evening Lions Club and the Department of Economic Security was resource and referral.

Home Visiting Programs

Supporting families is a unique challenge that demands collaboration between parents, service providers, educators and policy makers to promote the health and well-being of young children. Every family needs and deserves support and access to resources. Effective family support programs will build upon family assets which is essential to build self-sufficiency in all families. Activities and services should be provided in a way that best meet family needs. Programs that are provided in a family's home, targeting new parents are often the most successful at getting families off to a good start.

Home Visiting Program Information – Yavapai Region

Program	# Eligible	# Served
Nurse Family Partnership Nurses make home visits to first time, low income women to provide support and education related to maternal health, role of the parent, infant health and development, environmental safety and life choices. Home visits begin during pregnancy and continue until baby turns two years of age.	First time, low income parents 2006 estimated eligible – 726	153
Healthy Families Arizona Trained family support specialists make home visits to expectant parents and parents of newborns for up to five years to provide information and support about infant/toddler development, primary & preventive health care, home safety, financial management, parenting skills, and community resources.	YRMC: Of 1,308 births in service area, 694 screened positive and were potentially eligible for services VVMC: Of approximately 700 births per year in the service area, approximately 420 are potentially eligible for services	152 100
Early Head Start Serving children from birth to three years of age, the program promotes school readiness by providing educational, health, nutritional, social and other services to enrolled children and families. Parents are helped to reach their educational, literacy and employment goals.	Number of low income children 0 – 3 years of age Information not available	Unable to obtain data.
Health Start Trained lay health workers make home visits to low income pregnant women and their families to provide education and support. Referrals to community services, including prenatal care, are provided.	Low income, pregnant or parenting a child under two years of age. (All AHCCCS and FEMS births from 2005, 2006, 2007) Unable to get information due to time limitations.	Average 300 per year.

Parent Knowledge About Child Development

Research indicates that most adults have significant information gaps about many areas of child development. For instance, most adults, including parents of young children, do not understand when children begin to “take in” and “react to” their world. While child development research shows this happens in the first days of life, 62 percent of parents with young children believe it does not occur until a child is two months old or older. Further, more than one in four parents of young children expect a three-year old to be able to sit quietly for an hour, yet child development research shows that they are not developmentally ready to do so.⁵⁸

Lack of parent awareness and knowledge about early child development was ranked as a significant barrier for families with young children, according to recent early childhood forums and surveys administered by Yavapai Communities for Young Children. According to forum participants: “Parents don’t know how or what to teach their child;” and “There is a lack of community and family awareness of the importance of birth to five development.” Of 92 families from 17 communities in Yavapai Region who participated in the forums, 65 percent reported that they would like to learn more about how to support their children’s development; 46 percent reported a desire for parenting classes, workshops, and child playgroups; 25 percent desired a

58 “What Grown-Ups Understand About Child Development, A National Benchmark Survey” Researched by DYG, Inc. for Civitas, BRIO Corp. and Zero to Three, 2000.

child development newsletter; and 18 percent desired a parenting mentor.

There are numerous programs providing parent education in the region. However, there is no comprehensive calendar of parent education classes that parents and service providers can refer to in order to identify the most appropriate or convenient class for a parent to take. While many of the classes are free of charge, as with other services, transportation difficulties or scheduling conflicts may limit access to some programs. A lack of coordination among programs results in gaps and overlaps that are not easily identified or addressed.

Professional Development

The commitment, education, experience and continuity of teachers for young children are primary factors affecting children's early learning and their development in math, language, and social skills. Professionals providing early childhood services to young children and their families can improve upon their knowledge and skills through on-going professional development activities. This may involve taking college credit-level coursework that lead to a certificate, degree or teacher certification. It may also encompass participation in higher-level training sessions, conferences and workshops.

Childcare Professionals' Certification and Education

Research on caregiver training has found a relationship between the quality of child care services provided and outcomes for children.⁵⁹ Formal training is related to increased quality of care, however, experience without formal training has not been found to be related to quality care.⁶⁰

Childcare Professionals' Educational Background

Degree Type	Yavapai 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	49%	81%	61%	82%	20%	12%
CDA	5%	13%	9%	7%	N/A	N/A
Associates	20%	9%	15%	8%	47%	45%
Bachelors	25%	4%	19%	7%	33%	43%
Masters	7%	1%	6%	<1%		

Source: *Compensation and Credentials report, Center for the Child Care Workforce – Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.*

* Arizona figures were determined by using the statewide average from the *Compensation and Credentials report*.

**U.S. figures had slightly different categories: High school or less was used for no degree, Some college was used for Associates degree, and Bachelors degree or more was used for Bachelors and Masters degree

In 2004, only 8 percent of Assistant Teachers, 32 percent of teachers and 40 percent of teacher directors in programs licensed by ADHS serving children birth to age five

59 NICHD Early Child Care Research Network. The relation of child care to cognitive and language development, 2000, *Child Development*, 71, 960-980.

60 Galinsky, E. C., Howes, S., & Shinn, M. *The study of children in family care and relative care*. 1994, New York: Families and Work Institute; Kagan, S. L., & Newton, J. W. Public policy report: For-profit and non-profit child care: Similarities and differences. *Young Children*, 1989, 45, 4-10; Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America*, 1989, Oakland, CA: Child Care Employee Project.

were college graduates.⁶¹ In the Yavapai region, professional training and credentialing of professionals is found at higher rates than the state, but lower rates than the nation as a whole.

Professional Development Opportunities

Professionals providing early childhood services can improve their knowledge and skills through professional education and certification. The ability of early childhood teachers to obtain training is related to the availability of professional development opportunities in the region. In the Yavapai region, there are eight organizations providing numerous programs for education and certification of childcare professionals.

Available education and certification programs for childcare professionals

#	Program/Organization	Offerings
1	Yavapai College	<ul style="list-style-type: none"> • Associate of Applied Science In Early Childhood Education • Early Childhood Education Certificate • Early Childhood Education – Child Development Associate • Child Care Professional Training • The Del E. Webb Family Enrichment Center (Fec): Laboratory For Students and Child Care Workers • The Professional Career Pathway Project • Arizona Department of Economic Security Grant
2	Prescott College	<ul style="list-style-type: none"> • Early Childhood Special Education Certification • Early Childhood Education Bachelor's Degree
3	U of A Cooperative Extension	<ul style="list-style-type: none"> • Mind Matters Training (For Child Care Professionals)
4	Buena Vista Children's Services	<ul style="list-style-type: none"> • Early Childhood Conference • Des Certified Childcare Providers Conference • Des Certified Family Child Care Providers Training and Rewards
5	Prevent Child Abuse Arizona	<ul style="list-style-type: none"> • Family Centered Practice Conference • Child Abuse Prevention Conference
6	Az Infant/Toddler Institute	<ul style="list-style-type: none"> • Program For Infant/Toddler Caregivers Training
7	S*CCEEDS	<ul style="list-style-type: none"> • 54 Different Training Workshops Were Provided In Yavapai County During 2007 and 2008.
8	Association For Supportive Child Care	<ul style="list-style-type: none"> • Early Childhood Network Meetings • Training, Coaching and Material For Loan – To Home Child Care Providers, Infant/Toddler Teachers, Preschool Teachers, Before-After School Program Staff, Supervisors and Directors.
Total = eight organizations providing education and certification programs		

Among the programs already in place in the region is the Early Childhood Education Program at Yavapai College. The program offers courses at both its Prescott and Verde campuses towards an associates degree in Applied Science in Early Childhood Education, certificates in Early Childhood Education and Child Development, or for transfer to a four-year program at Northern Arizona University. Significantly, Yavapai

61 State Board on School Readiness. *Compensation and Credentials: A Survey of Arizona's Early Education Workforce*, July 2005.

College's ECE program has partnered with area preschools, Head Start programs, and other early childhood centers and agencies to offer internship and practicum opportunities for students. The Yavapai College ECE program is also a partner in the recently opened Del E. Webb Family Enrichment Center/Lab School (FEC). The center offers high quality early childhood education for children through age five while serving as an observational lab for Yavapai ECE students

Employee Retention

Research has shown that children who develop a relationship with a quality child-care provider that lasts over time have more positive outcomes.⁶² More specifically, research has shown that childcare providers with more job stability are more attentive to children and promote more child engagement in activities.⁶³

In the Yavapai region the average length of employment has remained low with many assistant teachers employed two years or less. The average length of employment is higher for teacher directors.

Percent of Centers Reporting Average Length of Teacher Employment Duration

	6 Months or Less	7-11 Months	One Year	Two Years	Three Years	Four Years	Five Years or More	Not applicable	"Don't Know/Refused"
Teachers	0%	0%	0%	0%	0%	0%	0%	0%	0%
Assistant Teachers	17%	15%	13%	15%	6%	0%	9%	21%	4%
Teacher Directors	4%	6%	6%	11%	0%	2%	17%	51%	2%
Administrative Directors	0%	0%	0%	0%	0%	0%	0%	0%	0%

Compensation and Benefits

Higher compensation and benefits which lead to employee retention have been associated with increased childcare quality. Research studies have found that in family care and in childcare centers, workers' salaries are related to quality childcare.⁶⁴ Higher wages have been found to reduce turnover, which is associated with better quality childcare⁶⁵. Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.⁶⁶

62 Raikes, H. Relationship duration in infant care: Time with a high ability teacher and infant-teacher attachment. 1993, *Early Childhood Research Quarterly*, 8, 309-325.

63 Stremmel, A., Benson, M., & Powell, D. Communication, satisfaction, and emotional exhaustion among child care center staff: Directors, teachers, and assistant teachers, 1993, *Early Childhood Research Quarterly*, 8, 221-233; Whitbook, M., Sakai, L., Gerber, E., & Howes, C. *Then and now: Changes in child care staffing, 1994-2000*. Washington DC: Center for Child Care Workforce.

64 Lamb, M. E. Nonparental child care: Context, quality, correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), *Handbook of Child Psychology* (5th ed.), 1998, pp. 73-134. New York: Wiley & Sons; National Research Council and Institute of Medicine. *From neurons to neighborhoods: The science of early childhood development*. Washington DC: National Academy Press.

65 Schorr, Lisbeth B. Pathway to Children Ready for School and Succeeding at Third Grade. Project on Effective Interventions at Harvard University, June 2007.

66 Ibid.

Average Wages and Benefits for Childcare Professionals – Yavapai Region

	2004	2007
Assistant Teacher	\$8.05	\$9.13
Teacher	\$10.49	\$11.39
Teacher/ Director	\$12.67	\$14.14
Admin/ Director	\$17.48	N/A

Sources: 2004 and 2007 data is from the Compensation and Credentials Survey

For 2004, the wages for child care professionals in the Yavapai region compared favorably with wages paid in the state. For Arizona, assistant teachers earned \$8.10 per hour, while teachers, teacher/director and administrator/director earned \$9.00, \$10.92 and \$15.00 respectively. Child care professionals, in all categories except assistant teacher, earn more in the Yavapai region than in the state.

Public Information and Awareness

Public interest in early childhood is growing. Recent research in early child development has increased families' attention on the lasting impact that children's environments have on their development. The passage of Proposition 203 – First Things First – in November 2006, as well as previous efforts led by the United Way, the Arizona Community Foundation, and the Arizona Early Education Funds, have elevated early childhood issues to a new level in our state.

Increasingly, families and caregivers are seeking information on how best to care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.⁶⁷

Families and caregivers also seek information on how families can connect with and navigate the myriad of public and private programs that exist in their communities that offer services and support to young children and their families. Few connections exist between such public and private resources, and information that is available on how to access various services and supports can be confusing or intimidating. Information provided to families needs to be understandable, culturally and geographically relevant, and easily accessible.

Public awareness and information efforts also need to go beyond informing parents and caregivers of information needed to raise an individual child or support a family in care giving. Increased public awareness around the needs of children and their families is also needed. Policy leaders need to better understand the link between early childhood efforts and the broader community's future success. Broader public support must be gleaned to build the infrastructure needed to help every Arizona child succeed in school and life. Success in building a comprehensive system of services for young children requires a shift in public perceptions and public will.⁶⁸

67 Halfon, Nel, et al. "Building Bridges: A Comprehensive System for Healthy Development and School Readiness." National Center for Infant and early Childhood Health Policy, January 2004.

68 Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

In a recent Yavapai Communities for Young Children work group increased public awareness was mentioned by 37 percent of participants as a change that would improve the early childhood system.⁶⁹

In the Yavapai Region, several organizations currently play prominent roles in shaping the public agenda around children and families, as well as garnering support for a strong early childhood development and health system. These organizations include: Yavapai Communities for Young Children and the Yavapai County Community Foundation.

System Coordination

Throughout Arizona, programs and services exist that are aimed at helping young children and their families succeed. However, many such programs and services operate in isolation of one another, compromising their optimal effectiveness. A coordinated and efficient systems-level approach to improving early childhood services and programs is needed.

Partnerships are needed across the spectrum of organizations that touch young children and their families. Organizations and individuals must work together to establish a coordinated service network. Improved coordination of public and private human resources and funding could help maximize effective outcomes for young children.

A wide array of opportunities exists for connecting services and programs that touch children and families. Early childhood education providers could be better connected to schools in the region. Services and programs that help families could be better coordinated so that redundancies as well as “gaps” in services are eliminated. Faith-based organizations could be included in coordination efforts linking their family support activities to community child development and family resources and services. Connections between early education and health providers could be forged.

Creating a seamless infrastructure of support for early childhood in the Yavapai Region requires connecting partners to obtain community-level information pertaining to systems coordination.

Some possible methods for improving coordination to better reach the underserved populations within the Yavapai Region include the following:

- Expand outreach efforts to better include members of the faith-based community, business community, and health-focused providers within systems coordination efforts in the region.
- Expand outreach efforts to better incorporate the needs of the children of undocumented families into early childhood coordination efforts.
- Work collaboratively to raise funds for priority projects given funds are limited and competition tends to encourage territorialism in service delivery.
- Improve collaboration efforts between the central Yavapai region, the Verde Valley and outlying communities.
- Increase public awareness regarding available services for early childhood development for families.

⁶⁹ Yavapai Communities for Young Children, Asset Mapping Work Group, June 6, 2008.

- Improve coordination between early childhood centers and health organizations and providers to improve service delivery.

Parent and Community Awareness of Services, Resources or Support Related to Early Childhood

In March of 2008, 39 service providers representing 22 distinct communities (as well as services countywide) responded to an early childhood survey administered by Yavapai Communities for Young Children. Participant answers identify the barriers and strengths to providing quality services. When asked the question, “What are the two biggest obstacles, challenges, needs you face in your role as a provider?” Their answers were summarized: limited parent participation; transportation and geographic distance; limited parent knowledge regarding child health and development; immigration issues; language translation; school readiness; child care; health; substance abuse and domestic violence; poverty and inconsistent employment; insufficient funding for services; lack of services and service gaps; service regulations; staff turnover and lack of qualified staff; raising awareness; limited facilities; need for resource and referral; need for more collaboration and awareness; and provider education on early childhood.

When asked the question, “As a provider, are there particular strengths or assets you can identify within the community related to early childhood efforts?” their answers were summarized: organizations; collaborations; dedicated professionals; programs; and parents.



Conclusion

The Yavapai Region consists of numerous diverse and vibrant communities with many programs whose goal is to help families and children be successful in life. There is a spirit of collaboration among service providers that allows them to consider how things might be done differently for the benefit of children.

The Region is not without its challenges. Without a doubt there have not been enough resources to address the needs associated with building a comprehensive early child development system that ensures that all children have what they need to succeed. There are hurdles to collaboration that require innovation and new methods of working together. There are challenges associated with delivering services over mountains and valleys to all of the communities in a region as large as the state of New Jersey.

A review of the data has revealed that in the Yavapai Region:

- Many babies are born at-risk due to their mother's age, lack of adequate prenatal care, low educational attainment and economic status.
- Many parents are not well informed about child development and what they must do to support their child's healthy development.
- There are too few quality early care and education centers.
- As a result, many children are not well prepared to enter school.
- There are opportunities to increase effectiveness and leverage resources by establishing collaborations among service providers.

With this report, the Yavapai Regional Partnership Council acknowledges all that has been accomplished throughout the region to support families in their important work of raising children. Many professionals have worked hard in the face of daunting challenges. It is now possible to look forward with energy and hope at new opportunities to help families and children. The Yavapai Regional Partnership Council invites service providers, community leaders, business people, members of the faith community, parents, children's advocates, grandparents, friends and neighbors to join with us in taking a stand for young children. They deserve our best effort. The stage is set for some very remarkable work to be accomplished.

Chart of Regional Assets – Yavapai

Agencies/Coalitions				
ACTION Partnership, Verde Valley	960 S. Main St.	Cottonwood	AZ	86326
Arizona Reach Out and Read c/o Pediatric Foundation of Arizona, Inc.	2600 N Central Ave., Suite 740	Phoenix	AZ	85004
AzEIP First! – Arizona Early Intervention Program	3343 Windsong Dr., #5	Prescott Valley	AZ	86314
Best For Babies	125 E. Goodwin St.	Prescott	AZ	86303
Birth to Five Helpline and Fussy Baby Program Southwest Human Development, Inc.	2850 N. 24th St.	Phoenix	AZ	85008
Buena Vista Children’s Services	P.O. Box 1600	Cottonwood	AZ	86326
Court Appointed Special Advocate (CASA) Yavapai County	120 S. Cortez, #402	Prescott	AZ	86301
Catholic Social Services	434 W. Gurley St.	Prescott	AZ	86301
Child Care Administration, Arizona DES	1555 Iron Springs Rd. #14	Prescott	AZ	86305
Child Care Resource and Referral, Association for Supportive Childcare	3910 S. Rural Rd., Suite E	Tempe	AZ	85282
Child Haven, Arizona Children’s Association	440 N. Washington Ave.	Prescott	AZ	86301
Child Protective Services, Administration on Children, Youth and Families, AZ Department of Economic Security	1519 W. Gurley St. #2	Prescott	AZ	86305
Children’s Information Center Resource & Referral	150 N. 18 th Ave., Suite #320	Phoenix	AZ	85007
Chino Area Partnership	P.O. Box 361	Paulden	AZ	86334
Dexter Family Resource Center Prescott Unified School District	551 First Street	Prescott	AZ	86301
Division of Developmental Disabilities, AZ DES Prescott Office	1519 W. Gurley St., Suite 3	Prescott	AZ	86305
Division of Developmental Disabilities, AZ DES Cottonwood Office	1500 E. Cherry St., #G	Cottonwood	AZ	86326
Domestic Violence Initiative	P.O. Box 432	Prescott	AZ	86302-0432
Domestic Violence Shelter and Support Services, Stepping Stones Agencies	3343 N. Windsong Dr. Suite 9	Prescott Valley	AZ	86314
Family Caregiver Program, Area Agency on Aging/NACOG	119 E. Aspen Ave.	Flagstaff	AZ	86001
First Steps, Yavapai Regional Medical Center	1003 Willow Creek Rd.	Prescott	AZ	86301
FoodPlus, Yavapai County Community Health Services	1090 Commerce Dr.	Prescott	AZ	86305
Four County Conference on Developmental Disabilities	325 N. Arizona St.	Prescott	AZ	86301
Health Insurance, AHCCCS / KidsCare, Prescott Office	1570 Willow Creek Rd	Prescott	AZ	86301-1164
Health Start, Yavapai County Community Health Services	1090 Commerce Dr.	Prescott	AZ	86305
Healthy Families Arizona, Yavapai Regional Medical Center	1003 Willow Creek Rd.	Prescott	AZ	86301
Healthy Families Arizona, Verde Valley Medical Center	269 S Candy Ln.	Cottonwood	AZ	86326-4158
High Country Early Intervention	3105 Clearwater Dr. Suite B	Prescott	AZ	86305
Kinship Care, Arizona Children’s Association	440 N. Washington Ave.	Prescott	AZ	86301
Kinship Kare of Northern Arizona (KKONA), Arizona Cooperative Extension, Coconino Office	2304 N. 3rd St.	Flagstaff	AZ	86004-3605
Never Shake A Baby Arizona A project of Prevent Child Abuse Arizona	P.O. Box 432	Prescott	AZ	86302
New Directions Institute / Wired for Success Arizona Children’s Association	440 N. Washington Ave.	Prescott	AZ	86301

Nurse Family Partnership Yavapai County Community Health Services	1090 Commerce Dr.	Prescott	AZ	86305
Parenting Arizona	315 S. Cortez, Suite D, P.O. Box 2883	Prescott	AZ	86303
Parenting Arizona	753 N. Main St., Ste D-3	Cottonwood	AZ	86326
Parenting Arizona Resource Center	736 N. Main St., P.O. Box 2452	Cottonwood	AZ	86326
Partners for Healthy Students, Yavapai Regional Medical Center	1003 Willow Creek Rd.	Prescott	AZ	86301
Planned Parenthood	656 W Gurley St.	Prescott	AZ	86305
Prescott High School Teen Parents	1050 N. Ruth St.	Prescott	AZ	86301
Prevent Child Abuse Arizona	P.O. Box 432	Prescott	AZ	86302-0432
Public Health Nursing / Newborn Intensive Care Program (NICP), Yavapai County Community Health Services	1090 Commerce Dr.	Prescott	AZ	86305
Reach Out and Read There are 7 ROR locations located in in the Yavapai Region.	2600 N. Central Ave. Ste 740	Phoenix	AZ	85004
Renewing Arizona Family Traditions (RAFT) Family Preservation Program, West Yavapai Guidance Clinic	642 Dameron Dr.	Prescott	AZ	86301
S.T.A.R. Program (Skills Training and Respite Program) Arizona Children's Association	440 N. Washington Ave.	Prescott	AZ	86301
S*CCEEDS	3910 South Rural Rd. Suite E	Tempe	AZ	85282
Tri-City Partnership For Special Children and Families	3343 N. Windsong Dr. Suite 2	Prescott Valley	AZ	86314
Verde Valley Guidance Clinic	452 W Finnie Flats Rd.	Camp Verde	AZ	86322-7298
WIC (Women, Infants and Children) Program Yavapai County Community Health Services	1090 Commerce Dr.	Prescott	AZ	86305
Yavapai Communities for Young Children	Douglas Ave.	Prescott	AZ	86301
Yavapai County Community Health Services, Childhood Immunization Program	1090 Commerce Dr.	Prescott	AZ	86305
Yavapai Family Advocacy Center A project of Prevent Child Abuse Arizona	P.O. Box 26495	Prescott Valley	AZ	86312
Yavapai-Apache Nation	3364 Hamaley Ave.	Camp Verde	AZ	86322
Zero To Three	350 South Bixel, Suite 150	Los Angeles	CA	90017
Colleges				
Prescott College	220 Grove Ave.	Prescott	AZ	86301
U OF A Cooperative Extension, Family Consumer Sciences Yavapai County	840 Rodeo Dr., Bldg C	Prescott	AZ	86305
Yavapai College	1100 East Sheldon St.	Prescott	AZ	86301
Hospitals/Clinics				
Community Health Center of Yavapai – Prescott	1090 Commerce Dr.	Prescott	AZ	86305
Community Health Center of Yavapai – Prescott Valley	3212 Windsong	Prescott Valley	AZ	86314
Community Health Center of Yavapai – Cottonwood	10 S. 6 th St.	Cottonwood	AZ	86326
Verde Valley Medical Center	269 S. Candy Ln.	Cottonwood	AZ	86326
West Yavapai Guidance Clinic	505 S. Cortez	Prescott	AZ	86303
Yavapai Regional Medical Center	1003 Willow Creek Rd.	Prescott	AZ	86301
Schools				
Prescott High School Teen Parents	1050 N. Ruth St.	Prescott	AZ	86301
Community Centers				
VICTORY Adult Education Center	1988 N. Rd. 1 W.	Chino Valley	AZ	86323

Libraries				
Ash Fork Public Library	450 W. Lewis Ave.	Ash Fork	AZ	86320
Bagdad Public Library	700 Palo Verde, #C	Bagdad	AZ	86321
Black Canyon City Community Library	34701 S. Old Black Canyon Highway	Black Canyon City	AZ	85324
Camp Verde Community Library	130 Black Bridge Loop Rd.	Camp Verde	AZ	86322
Chino Valley's Children's Library	P.O. Box 1188, 1020 W. Palomino Rd.	Chino Valley	AZ	86323
Clark Memorial Library	39 N. 9 th St.	Clarkdale	AZ	86324
Congress Public Library	26750 Santa Fe Rd.	Congress	AZ	85332
Cordes Lakes Public Library	15989 S. Cordes Lakes Dr.	Cordes Lakes	AZ	86333
Cottonwood Public Library, Youth Services	100 South 6th St.	Cottonwood	AZ	86326
Crown King Public Library	23550 S. Towers Mountain Rd.	Crown King	AZ	86343
Jerome Public Library	600 Clark St.	Jerome	AZ	86331
Mayer Public Library	10004 Wicks Ave.	Mayer	AZ	86333
Prescott Public Library, Youth Services	215 E. Goodwin St.	Prescott	AZ	86303
Prescott Valley Library Adult Literacy Group	7501 East Civic Cir., 3rd floor	Prescott Valley	AZ	86314
Sedona Public Library	3250 White Bear Rd.	Sedona	AZ	86336
Seligman Public Library	202 Floyd	Seligman	AZ	86337
Wilhoit Public Library	9325 Donegal Dr., Suite B	Wilhoit	AZ	86332
Yarnell Public Library	22278 N. Highway 89	Yarnell	AZ	85362
Faith-Based Organizations				
Life Counseling Network, Trinity Lutheran Church	3950 North Valorie Dr.	Prescott Valley	AZ	86314





Yavapai Regional Partnership Council

c/o Yavapai College
1100 E. Sheldon St. PMB 6908
Prescott, Arizona 86301-3297

(928) 776-0062

www.azftf.gov/yavapai